



**STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
HEALTH CARE AND BENEFITS DIVISION**

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Helena Montana 59620-0127**

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TO: Members of the State Employee Benefits Plan

FROM: Health Care and Benefits Division

DATE: September 19, 2008

SUBJECT: Changes for the 2009 Plan Year

Welcome to the Annual Benefit Change period for the 2009 plan year. Along with this booklet you will receive your personalized *Individual/Retiree Benefits Statement* form which summarizes your current benefit elections. We encourage you to review these materials and attend an Annual Change presentation to hear more information about how your benefits work and how you can make optimal use of them.

You can elect your 2009 benefits with either your *Individual/Retiree Benefits Statement* form or on-line. The on-line application offers additional personalized information to you while you are making your benefit elections including medical plan comparisons and cost calculators. Check for on-line instructions on pages 4-5 of this booklet. **The deadline to submit changes for the 2009 plan year is October 24, 2008.**

Since 2004 the deductibles and out-of-pocket maximums for all medical plans and the prescription drug plan have stayed the same. For the last three years, we have been able to cover increases in the medical, prescription drug, and dental plans without increasing out-of-pocket premium contributions. Medical inflation and costs have grown slowly enough that the state share has covered these increases for plan members, including additional premium subsidies for retirees.

Beginning in 2008 we have seen significant increases in medical and prescription drug claims costs. Medical plan claims costs average \$6.3 million per month compared to \$5.1 million per month during this time last year. Prescription drug claims costs average \$1.9 million per month versus the same time last year when drug claims averaged \$1.7 million per month.

These increases in medical inflation are not unique to the State Plan. Many employers saw these increases beginning last year. For the State Plan, significant drivers include both the number of prescription drugs we are using as well as the cost. Hospital services are going up due to both increases in what they charge for services as well as reductions in the discounts off of charges that we receive. This is happening in all of our medical plans. As a result, we are making some changes in deductibles and out-of-pocket maximums. Below is a list of changes for 2009 worth noting. More detail is provided on each change within the pages of this booklet.

- **Medical Plan Changes (pages 10-17)**

Due to the increases in medical costs, medical plan deductibles will increase for 2009. The Traditional plan deductible will increase by \$50/member and the managed care plan (New West, Blue Choice, Peak) deductibles will increase by \$25/member in-network and \$50/member for out-of-network services.

For members enrolled in the Blue Choice plan, the authorization process to have out-of-network services applied to the in-network level of benefits is no longer obtained through a primary care physician but rather directly through Blue Cross Blue Shield of Montana.

For employees and retirees who live in Lewistown, the New West managed care plan is now available in your area! Please check the New West website or call their customer service number to determine if your providers are in the New West network.

- **Prescription Drug Plan (page 19)**

The prescription drug plan out-of-pocket maximums are increasing by \$35 per prescription and \$250 per member per benefit year.

- **Flexible Spending Plan (page 23-25)**

Beginning January 1, 2009, the flexible spending plan will be administered by Allegiance Benefit Plan Management. Allegiance is dedicated to assisting members with prompt customer service and claim reimbursement. For 2009 the administrative fee will be waived for participants who elect one or both types of flex accounts!

As of January 1, 2009, the state share contribution for benefits on behalf of active employees increases to \$626 per month. This is a \$36 per month increase over the 2008 plan year contribution. Beginning in January we will also increase out-of-pocket premium contributions by an average of \$16 per month. This is the first increase in three years.

- > For employees who cover only themselves, the amount of additional state share which can be used to purchase optional benefits or setting aside in a flexible spending account can be as much as \$63.00 per month. This is a reduction in the amount of excess state share available from the last three years. It is a result of increased medical inflation and costs.
- > Employees who cover their dependents will see additional out-of-pocket premium increases as noted above. Depending on which medical plan is selected, the out-of-pocket amount may be greater than the average. Again, this is due to increased hospital costs as well as prescription drug expenses.
- > Retiree premium increases will vary depending on whether they are Medicare eligible or not and whether they cover dependents, as well as medical plans selected.
 - For the Traditional Plan, premiums for non-Medicare retirees increase by \$36 plus out-of-pocket dependent premium additions of \$9.39 per month on average.
 - For Medicare retirees, premiums increase by \$30.19 on average across all plans. After several years of no increases (or even decreases), prescription drug inflation drives the 2009 change.

We encourage you to review this booklet carefully and make your benefit choices. Please review the schedule of Annual Change Presentations on page 9 of this booklet and mark your calendar! There are 29 live presentations being held across the state including the METNET connections in Glendive and Miles City.

This year we are also offering a Webinar option which allows live participation through the Internet. To participate in a Webinar, you will need a computer, Internet connection, and telephone. To register for the Webinars on either October 6th or October 20, please go to our website at benefits.mt.gov and click the appropriate link.

Additionally, we will post a pre-recorded video broadcast of the presentation on our website (benefits.mt.gov) the week of October 6, 2008.

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RETIREE BENEFIT ELECTION INSTRUCTIONS

Welcome to the Annual Change period for the 2009 Benefit Plan Year. This is your **only** opportunity to elect or change certain benefit options for the upcoming year, so please take the time to review this instructional information.

1. Read this booklet.
2. Attend a Benefits Presentation (**schedule is listed on page 9**). Family members are welcome!
3. Decide what benefit options you will elect for the 2009 Benefit Plan Year. You may use the Monthly Benefit Premium Cost worksheet on page 8 to determine your monthly out-of-pocket costs.
4. Submit your 2009 benefit elections by **October 24, 2008** using one of the following methods:
 - a. Complete and return the *Retiree Benefits Statement* Form **OR**
 - b. Make your benefit elections on-line

For on-line access from home or other public place:

1. Go to the Retiree Self Service website at <https://emine.mt.gov:7651/retiree>



2. Select the 'Register' link to obtain a username and password.
If you have already registered for the current benefit year and have a valid username and password, proceed to Step 6.

3. Key in the requested information and click the **Register** button. Remember that all fields are required.

4. After the **Register** button is selected, the system will assign you a username and send an e-mail to the account you provided during the registration process with instructions for activating your account. Make note of your assigned username for future use in the space provided below.

User Name _____

5. Access the e-mail account you provided during the registration process and open the e-mail from SABHRS_HR. Click on the link provided within the e-mail content to activate your user account. *This link will redirect you to the Retiree Self Service website.*



6. Select the 'Sign In' link and enter your username and the password you provided during the registration process. Click the **Sign In** button.

7. Select the Benefits link within the Self Service menu.

8. Select the Benefits Enrollment link.

9. Once you have made your benefit elections and submitted them to the Benefits Department, an electronic confirmation statement will be sent to the e-mail address you registered with listing your elections for your review.



Confirmation Statements will also be mailed the week of November 17, 2008.

EMPLOYEE BENEFIT ELECTION INSTRUCTIONS

Welcome to the Annual Change period for the 2009 Benefit Plan Year. This is your **only** opportunity to elect or change certain benefit options for the upcoming year, so please take the time to review this instructional information. The State's comprehensive package of benefits is an important part of employees' compensation, and we want to help employees make the most of their benefits.

1. Read this booklet.
2. Attend a Benefits Presentation (**schedule is listed on page 9**). Family members are welcome!
3. Decide what benefit options you will elect for the 2009 Benefit Plan Year. You may use the Monthly Benefit Premium Cost worksheet on page 8 to determine your out-of-pocket costs.
4. Submit your 2009 benefit elections by **October 24, 2008** using one of the following methods:
 - a. Complete and return the *Individual Benefits Statement Form* **OR**
 - b. Make your benefit elections on-line (must have MINE access)

For on-line access from your work location:

1. Log into MINE
2. Select the Employee Self Service link on the Enterprise Menu
3. Select the Benefits link
4. Select the Benefits Enrollment link




For on-line access from home or other public place:

1. Go to the State Employee Access site at www.mt.gov/employee
2. Select the Employee Self-Service Portal link
3. Log into MINE
4. Select the Employee Self Service link
5. Select the Benefits link
6. Select the Benefits Enrollment link.

State Employee Access

This page is for state of Montana employees and those doing work on behalf of the state only.

Web Mail

- [Login](#)
- [Instructions for Logging on to Outlook Web Access](#)
- [Spam Blocker \(Espion Interceptor\) FAQs](#)


Citrix Portal

- [Login to Citrix](#)
- [Install Citrix Client](#)

Current Virus DAT files

Current Version 4.0.4835
Updated 08/23/2006

- [DOWNLOAD DAT in WINDOWS ZIP format](#)
(file size 7.93MB)
- [DOWNLOAD SUPERDAT in WINDOWS EXE format](#) (file size 8.54MB)
- [DOWNLOAD DAT in UNIX TAR format](#)
(file size 9.13MB)

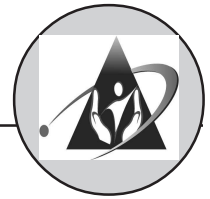
MINE

- [Employee Self-Service Portal](#)
Only available when outside the state network.

If you made your elections on-line, you will receive an **automatic e-mail Confirmation Statement** verifying your elections. **Confirmation Statements** will also be mailed the week of November 17, 2008.

WORKERS' COMPENSATION MANAGEMENT PROGRAM

Sponsored by the Health Care and Benefits Division - Department of Administration
Workers' Compensation Management Bureau
1-800-287-8266 or 444-7462 • www.benefits.mt.gov



GENERAL INFORMATION

PROGRAM DESCRIPTION

The Workers' Compensation Management Bureau has been charged with developing programs designed to enhance the safety of all work environments, assist our injured workers in their healing process and ensure that all injured State of Montana employees receive the best care possible and are **returned** to work as soon as possible following on-the-job injuries. This will improve the well-being of all employees and provide for an efficient Workers' Compensation program. This program, sponsored by the Department of Administration, assists employees and agencies in ensuring a safe working environment, reduce the incidents of injuries and accidents in the workplace, and helps employees who are injured to be able to return to meaningful and productive work as soon as possible.

WHO IS ELIGIBLE

All State employees are eligible for this program. In addition, the Department of Administration will serve as a central resource for agencies in efficient policy management, enhancement of existing safety, loss-prevention, and return-to-work activities as well as facilitating access to these activities for agencies which do not currently have them in place.

WORKING SAFE - GETTING STARTED

The first step toward keeping yourself and your workplace injury-free is awareness of the safety and loss-prevention tools available to you.

1. Be aware of your environment and head off problems. Participate in safety seminars and programs if available and learn about keeping yourself, your work environment, and your co-workers free from injury.
2. Use proper safety equipment and follow recommended safety standards and protocols. Get the right equipment for the

job and avoid injury (that includes office work – repetitive motion injuries are a significant portion of our experience within the State).

3. Take safety seriously. A moment of distraction or carelessness is all it takes to cause a lifetime of disability.

4. Take responsibility individually for keeping yourself safe and observing the safety of others.

Employees who are eligible for health insurance benefits can also take advantage of the various programs available through their benefits package. The Health Care and Benefits Division offers several programs to enhance and protect the health of State of Montana employees. The fitness programs, Annual Health Screenings, *Why Weight and Well on the Way* are some of the programs available to State of Montana workers aimed at enhancing overall health and reducing potential for disability.

Safety Resources

Safety is an integral part of the Workers' Compensation Management program for State employees. Safety newsletters, workshops, posters, incentive programs and articles are key components in communicating effectively. Department of Administration, Department of Labor and Montana State Fund are cooperating to ensure that workers have access to safety management services to reduce the overall number of workplace injuries and illnesses.

Please check within your agency to determine what resources exist as well. Agencies have safety personnel who can assist in making sure you have the resources and information you need.

FRAUD FINDERS

What is fraud? It is more than an employee faking an injury. It encompasses medical providers authorizing and billing excessive or uncompleted medical services or employers falsifying payroll records to lower premiums. When fraud occurs, it costs all of us and it is **AGAINST THE LAW!** To report suspicious activity, you can either fill out State Fund's **Internet Reporting Form** (accessible from the *On-line Tools/Report Fraud* section of their website), or call their **Fraud Hotline: 888-MTCRIME (888-682-7463)**. All contacts will remain strictly confidential.

REPORTING AN INJURY

Filing a "First Report of Injury" is the initial step to get injured employees the medical care they need to heal their injury and get them back to work as soon as possible. Injured employees should report an on-the-job injury as soon as it happens to an assigned staff person or supervisor and file a "First Report of Injury" (FROI) form immediately thereafter. We strongly recommend filing within 24-hours of a reported accident.

Filing a First Report

Telephone Reporting - Call State Fund at 1-800-332-6102 and a customer service specialist will complete the "First Report of Injury" with you over the telephone.

Paper/Hardcopy Reporting - Download the form from the State Fund's website at montanastatefund.com and print or type information on the form and mail or fax it to: Montana State Fund, P.O. Box 4759, Helena, MT 59604-4759. State Fund's fax number is 406-444-5963.

On-Line Reporting - You can fill out your FROI form directly on-line at montanastatefund.com. However, due to the sensitivity of the information you will be providing, you must log in with a User ID and password. Always make sure you file your personal information from a secured source.

GLOSSARY

Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit year/Plan year

The period starting January 1 and ending December 31 of each year.

Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

Coinsurance

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment

A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered charges

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount that a member and family must pay before the medical plan begins to share the costs.

Formulary

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs. The formulary listing can be found on the Health Care and Benefits website at benefits.mt.gov.

In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

Joint Core

An option that is available when both spouses are eligible state employees and have eligible dependents on their coverage. Spouses and children have only one family deductible and one family out-of-pocket maximum and may have a slightly lower premium than enrolling separately.

Managed care medical plan

Plans that offer first dollar coverage for services such as office visits that are exempt from deductible. These plans also provide differing levels of benefits for in-network and out-of-network providers.

Nonformulary

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

Out-of-network provider

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

Out-of-pocket maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

Participating provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

STATE CONTRIBUTION FOR 2009

ACTIVE EMPLOYEES	\$ 626.00 (a)
RETIREES	\$ 0.00 (a)

CORE BENEFITS

MEDICAL PLAN (See rates on pages 10 & 11)

CHOOSE ONE

New West:	\$ _____ (b)
Blue Choice:	\$ _____ (b)
Traditional:	\$ _____ (b)
Peak Health:	\$ _____ (b)

DENTAL PLAN (See rates on page 20) \$ _____ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 26 – Retirees, please see eligibility section) \$ 1.90 (d)

TOTAL CORE BENEFITS PREMIUM Add lines b, c, and d = \$ _____ (e)

OPTIONAL BENEFITS (Retirees are only eligible for Long-Term Care and Vision in this section)

FLEXIBLE SPENDING ACCOUNTS (Page 23 - 25)

Medical FSA	\$ _____ (f)
Dependent Care FSA	\$ _____ (g)

VISION PLAN (See Rates on Page 21) \$ _____ (h)

LIFE INSURANCE (See rates on page 26)	Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child)	\$ _____ (i)
	Optional Employee Life (Age rate x every \$1,000 of coverage)	\$ _____ (j)
	Supplemental Spouse (Age rate x every \$1,000 of coverage)	\$ _____ (k)
	Accidental Death & Dismemberment (\$.020 or \$.030 (with dependents) x every \$1,000 of coverage)	\$ _____ (l)

LONG TERM DISABILITY (See Rates on Page 29) \$ _____ (m)

LONG TERM CARE (See Rates on Pages 31 & 32) \$ _____ (n)

OPTIONAL BENEFITS PREMIUM Add lines f, g, h, i, j, k, l, m, and n = \$ _____ (o)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2009 BENEFITS

CORE BENEFITS	Enter amount from line e	\$ _____ (p)
OPTIONAL BENEFITS	Enter amount from line o	\$ _____ (q)
TOTAL BENEFITS	Add lines p and q	\$ _____ (r)
STATE CONTRIBUTION	Enter amount from line a	\$ _____ (s)
TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2009 BENEFITS	Subtract line s from r	\$ _____

HELENA BENEFITS PRESENTATION SCHEDULE

EMPLOYEES AND RETIREES:

Date	Time	Location
Tuesday, September 30	1 - 3 PM	DPHHS Auditorium
Thursday, October 2	9 - 11 AM 1 - 3 PM	DPHHS Auditorium
Tuesday, October 7	1 - 3 PM	DPHHS Auditorium
Thursday, October 9	9 - 11 AM 1 - 3 PM	DPHHS Auditorium
Friday, October 10	9 - 11 AM 1 - 3 PM	MDT Auditorium
Tuesday, October 14	9 - 11 AM 1 - 3 PM	DPHHS Auditorium
Thursday, October 16	9 - 11 AM 1 - 3 PM	DPHHS Auditorium
Monday, October 20	1 - 3 PM	Via Webinar conference - Instructions on page 2

RETIREES:

Date	Time	Location
Tuesday, September 30	9 - 11 AM	DPHHS Auditorium
Tuesday, October 7	9 - 11 AM	DPHHS Auditorium

OTHER CITY BENEFITS PRESENTATION SCHEDULE

EMPLOYEES AND RETIREES:

City	Date	Time	Location	
Billings	Wednesday, October 1	1 - 3 PM	Hampton Inn	5110 Southgate Drive Lewis & Clark Rm
Boulder	Tuesday, September 30	9 - 11 AM	MT Development Center	Treatment Services/Rm 118
Bozeman	Thursday, October 2	10 - 12 PM	Holiday Inn	5 Baxter Ln/Jefferson Rm
Butte	Tuesday, September 30	1 - 3 PM	Copper King Inn	4655 Harrison/Badger Rm
Deer Lodge	Wednesday, October 22	10 - 12 PM	Pen Convention Center	925 Main Street
Dillon	Monday, October 6	1 - 3 PM	Via Webinar conference	Instructions on page 2
Glasgow	Monday, October 6	1 - 3 PM	Via Webinar conference	Instructions on page 2
Glendive	Friday, October 17	2 - 4 PM	Glendive Medical Center	Via METNET
Great Falls	Thursday, October 9	9 - 11 AM* 2 - 4 PM*	School for the Deaf & Blind	3911 Central Avenue Basement Conference Rm
Havre	Wednesday, October 8	1 - 3 PM	Best Western Great Northern	1345 First St/Empire Rm
Kalispell	Wednesday, October 15	2 - 4 PM	Red Lion Inn	1130 Hwy 2 W/Ballroom A
Lewistown	Friday, October 3	1 - 3 PM	Yogo Inn	211 E Main/Snowy Room
Libby	Wednesday, October 15	9 - 11 AM	City Hall	952 E Spruce/Ponderosa
Miles City	Friday, October 17	2 - 4 PM	Custer County Courthouse	Via METNET
Missoula	Thursday, October 16	9 - 11 AM 1 - 3 PM	Wingate Inn	5252 Airway Blvd Ballroom
Shelby	Monday, October 6	1 - 3 PM	Via Webinar conference	Instructions on page 2
Warm Springs	Wednesday, October 22	2 - 4 P M	Montana State Hospital	300 Garnet Way/Classroom

*Hearing Impaired Interpreter

If auxiliary aids/equipment are needed, call 1-800-287-8266 or TDD relay at 1-800-253-4091 one week prior to presentation.

ANNUAL SCHEDULE OF BENEFITS

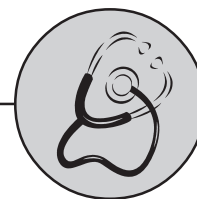
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MEDICAL PLAN

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325
www.healthinfontmt.com



MEDICAL RATES

Monthly and Per Paycheck Premiums

	New West	Blue Choice	Traditional	Peak
Employee	\$526/\$263	\$552/\$276	\$590/\$295	\$624/\$312
Employee & spouse	\$691/\$345	\$710/\$355	\$814/\$407	\$820/\$410
Employee & children	\$606/\$303	\$622/\$311	\$712/\$356	\$718/\$359
Employee & family	\$704/\$352	\$722/\$361	\$830/\$415	\$836/\$418
Joint Core	\$554/\$277	\$568/\$284	\$646/\$323	\$654/\$327

MEDICAL PLAN COSTS

Annual Deductible

(Applies to all services unless noted or a co-payment is indicated)

Coinsurance Percentages (% of allowed charges member pays)

General

Preferred Facility Services *(See pages 39-40 for a list of preferred/non-preferred facilities)*

Non-Preferred Facility Services

Annual Out-of-Pocket Maximums

(Maximum coinsurance paid in the year; excludes deductibles and copayments)

You pay deductible and coinsurance on allowable charges (see glossary on page 7).

MEDICAL PLAN COSTS

Hospital Inpatient Services*

**Pre-certification of non-emergency hospitalization is strongly recommended & required by some plans - see plan descriptions*

Room Charges

Ancillary Services*

Surgical Services*

Hospital Outpatient and Surgical Center Services*

BENEFIT YEAR 2009

NON-MEDICARE MEDICAL RATES (under age 65)

Monthly Premiums	New West	Blue Choice	Traditional	Peak
Retiree	\$526	\$552	\$590	\$624
Retiree & spouse	\$691	\$710	\$814	\$820
Retiree & children	\$606	\$622	\$712	\$718
Retiree & family	\$704	\$722	\$830	\$836
Retiree & Medicare spouse	\$596	\$612	\$700	\$706
Retiree & Medicare spouse and child	\$626	\$642	\$736	\$742

MEDICARE MEDICAL RATES (age 65+)

Monthly Premiums	New West	Blue Choice	Traditional	Peak
Medicare retiree	\$182	\$196	\$218	\$224
Medicare retiree & spouse	\$392	\$400	\$454	\$460
Medicare retiree & children	\$335	\$342	\$386	\$392
Medicare retiree & family	\$413	\$422	\$480	\$486
Medicare retiree & Medicare spouse	\$347	\$354	\$400	\$406
Medicare retiree & Medicare spouse & family	\$372	\$378	\$430	\$436

TRADITIONAL PLAN

Administered by BCBS of MT

MANAGED CARE BENEFIT PLANS

BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT

NEW WEST - Administered by New West Health Plan

PEAK - Administered by Peak Health Plan

Benefits

\$600/Member
\$1,800/Family



25%
20%
35%

Average of \$2,500/Member
(20% - 35% of \$10,000 in allowable charges)

Average of \$5,000/Family
(20% - 35% of \$20,000 in allowable charges)

Member Coinsurance:

20% - 35%

20% - 35%

20% - 35%

20% - 35%

In-Network Benefits

\$425/Member
\$850/Family



25%

\$2,000/Member
\$4,000/Family

Member Coinsurance/Copayment:

25%

25%

25%

25%

Out-of-Network Benefits

Separate \$550/Member
Separate \$1,100/Family

35%

Separate \$2,000/Member
Separate \$4,000/Family

Member Coinsurance:

35%

35%

35%

35%

ANNUAL SCHEDULE OF BENEFITS

MEDICAL PLAN SERVICES

Physician/Professional Services (not listed elsewhere)

Office Visits

Inpatient Physician Services*

Lab/Diagnostic/Injectibles/Miscellaneous Charges*

Emergency Services

Ambulance Services for Medical Emergency

Emergency Room (*If there is an inpatient emergency admission, see plan description for authorizing follow up care.*)

Hospital Charges

Professional/Ancillary Charges

Urgent Care Services

Facility/Professional Charges

Ancillary - Lab/Diagnostic/Surgical Charges

Maternity Services

Hospital Charges*

Physician Charges (including delivery, pre and post-natal office visits) and lab charges*

Ultrasounds*

Routine Newborn Care

Inpatient Hospital Charges

Preventive Services (see plan descriptions for what services are covered and when)

Adult Exams and Tests

Adult Immunizations (such as Pneumonia and Flu)

Allergy Shots

Child Checkups and Immunizations

Mental Health Services

Inpatient Services*

Max: One inpatient day may be exchanged for two partial hospital days.

Outpatient Services

With EAP counselor referral

With NO EAP counselor referral

BENEFIT YEAR 2009

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (covers office visit charges only)	35%
25%	25%	35%
25%	25% (no deductible on injectibles without an office visit)	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	25%
20% - 35%	25%	35%
25%	0% (no deductible) with enrollment in prenatal program in first trimester of pregnancy; 25% otherwise	35%
25%	25% (waived on first ultrasound if member enrolls in prenatal program as described above)	35%
20% - 35% (no deductible)	25% (no deductible)	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$500 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (including specified labs) 0% (no deductible) for periodic mammograms 25% for periodic bone density scans, EKG sigmoidoscopies, double contrast barium enemas, proctoscopies & colonoscopies	35% (plan pays \$75.00 for periodic mammograms - no deductible)
\$50 Max (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
25% (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
25% (no deductible) 0% (no deductible for County Health Department through age 7)	\$15/visit Max: Schedule recommended by US Department of Health & Human Services	35%
20% - 35% Max: 21 days (No max for severe conditions)	25% Max: 21 days/yr (No max for severe conditions)	35% Max: 21 days/yr (No max for severe conditions)
25% Max: 40 visits/yr (No max for severe conditions)	\$15/visit Max: 30 visits/yr (No max for severe conditions)	35% Max: 30 visits/yr (No max for severe conditions)
50% Max: 20 visits/yr (No max for severe conditions)	\$15/visit Max: 30 visits/yr (No max for severe conditions)	35% Max: 30 visits/yr (No max for severe conditions)

ANNUAL SCHEDULE OF BENEFITS

MEDICAL PLAN SERVICES

Chemical Dependency Services

Inpatient Services*

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Outpatient Services*

With EAP counselor referral

With NO EAP counselor referral

**Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

Rehabilitative Services - Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy*

Inpatient Services*

Outpatient Services

Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

Extended Care Services

Home Health Care*

Hospice*

Skilled Nursing*

Miscellaneous Services

Disease Process Education & Dietary/Nutritional Counseling

Durable Medical Equipment, Appliances, and Orthotics* *(Prior authorization required for amounts >\$1,000)*

PKU Supplies

Obesity Management* *(All plans require prior authorization)*

TMJ Treatment* *(All plans require prior authorization)*

Infertility Treatment* *(All plans require prior authorization)*

Bariatric Benefit* *(see page 16 for more details - requires prior authorization)*

Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

Transplant Services (including out-of-state travel)*

BENEFIT YEAR 2009

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20%-35% Max: Dollar Limit**	25% Max: Dollar Limit**	35% Max: Dollar Limit**
25% Max: 40 visits and Dollar Limit**	\$15/visit Max: Dollar Limit**	35% Max: Dollar Limit**
50% Max: 20 visits and Dollar Limit**	\$15/visit Max: Dollar Limit**	35% Max: Dollar Limit**
20% - 35% Max: 60 days/yr	25% Max: 60 days/yr	35% Max: 60 days/yr
20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) Max: 25 visits in any combination	\$15/visit Max: 20 visits/yr	35% Max: 20 visits/yr
25% Max: 70 days/yr	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% (20% - 35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days/yr	25% Max: 30 days/yr	35% Max: 30 days/yr
20% - 35% Max: \$250/yr	0% (no deductible) Max: \$250/yr	35% Max: \$250/yr
25% Max: \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)	35% (not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)
25%	25% (no deductible)	35%
25%	25% non-surgical only	Not covered
25%	25% surgical only	Not covered
25% 1 in-vitro attempt per lifetime	25% Max: 3 artificial inseminations/lifetime	Not covered
25% Lifetime Max: \$35,000	Not covered	Not covered
25% • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

MEDICAL INSURANCE PLANS - 2009



Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200 • www.newwesthealth.com

Peak Health • 1-866-368-7325 • www.healthinfonetmt.com

WHO IS ELIGIBLE?

Employees, Legislators, Retirees, COBRA members and their dependents (spouse, domestic partner, children) are eligible for the medical plan. Employees are required to be enrolled in medical coverage unless they waive the entire benefit package. For more information about dependent eligibility, see page 18.



CLICK ON IT!

Learn more about the participating providers by visiting the plan's web sites at:

www.bluecrossmontana.com

www.newwesthealth.com

www.healthinfonetmt.com

HOW TO DECIDE THE RIGHT PLAN FOR YOU

1. Read about each plan in the General Information section on this page.
2. Review/compare each plan's costs, deductibles and services in the Schedule of Benefits starting on page 10 or through the SOME information resource available on the MINE or benefits.mt.gov.
3. Review your typical health care needs compared with the structure of the plans.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 36-38.
5. Determine which plan will work best for your personal situation.
6. If you choose to change plans for the 2009 benefit year, indicate your choice on the *Individual/Retiree Benefits Statement* or on-line as indicated on pages 4-5.

GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- **Traditional Indemnity Plan**
- **Blue Choice Plan**
- **New West Health Plan**
- **Peak Health Plan**

LIFETIME MAXIMUM

The lifetime maximum (the maximum the plan pays) per person on the plan is \$2 million.

TRADITIONAL PLAN

The Traditional indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notices to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network — providers who have agreed to accept certain plan allowances.

How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, they will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/

or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts as full payment. Please verify a provider is currently participating by calling BCBS or checking their website.

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

Bariatric Benefit

This benefit is available only on the Traditional plan. To qualify, the member must be on the State plan for 18 months, have a body mass index over 40, participate in the *Why Weight* program (page 28) and meet medical necessity requirements for the procedure. For benefit coverage information, see pages 14 & 15.

Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 39 for a list of these facilities. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your

plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice, New West Health Plan, and Peak Health Plan are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in premium costs, providers and requirements for receiving services.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required plan authorization is obtained).

In-Network Benefits

Anytime a network provider is used, the in-network (highest level of benefit) is

applied. For a complete listing of all in-network providers including specialists, check the plan administrator's website or call their Customer Service number. An authorization is not required for the plan member to see an in-network specialist. Plan authorizations **are** required to see an out-of-network specialist and still receive the plan's in-network benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, without a required authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

To obtain an authorization to see an out-of-network provider from New West or Blue Choice plans, the member must contact the plan administrator directly.



Referrals for the Peak plan are obtained through your Primary Care Provider.

Major Plan Differences

The major difference in the managed care plans are the participating providers and premium costs.

Check which providers participate by visiting the plan websites listed on page 16.

Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 36-38 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, and Havre.

New West Health Plan

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, Libby, Miles City and now in Lewistown.



Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and nearby communities.

MEDICAL PLAN COST COMPARISONS

This cost comparison shows how each medical plan would process the same service and what costs the plan member would be responsible for paying. The example is **cumulative** with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on pages 10 & 11. These examples assume the services were for one member. This is simply an example for ease of plan comparison and is not a guarantee that similar services will process identically.

*First two office visits are exempt from the deductible for this comparison.

Sample Services	TRADITIONAL		MANAGED CARE PLANS	
	Allowable Charge		In-Network	Out-of-Network
Office visits 1, 2, & 3 (\$50 each)	\$150	You pay → \$75	\$45	\$150
Copay costs			\$45 (\$15/each)	
Costs applied to deductible		\$50*		\$150
Coinsurance costs		\$25		
Lab charges with office visit 1	\$75	You pay → \$75	\$75	\$75
Copay costs				
Costs applied to deductible		\$75	\$75	\$75
Coinsurance costs				
Specialist Visit (i.e. dermatologist)	\$200	You pay → \$200	\$15	\$200
Copay costs			\$15	
Costs applied to deductible		\$200		\$200
Coinsurance costs				
Preferred hospital inpatient	\$8,500	You pay → \$1,920	\$2,350	\$2,125
Copay costs				
Costs applied to deductible		\$275	\$350	\$125
Coinsurance costs		\$1,645	\$2,000**	\$2,000**

**coinsurance out-of-pocket maximum

ALLOWED DEPENDENT CHANGES & ELIGIBILITY INFORMATION

Administered by the Health Care and Benefits Division
1-800-287-8266 or 444-7462 • www.benefits.mt.gov

ALLOWED DEPENDENT CHANGES DURING ANNUAL CHANGE

During Annual Change, members can only add dependents to the dental and vision plans. To enroll additional dependents in these plans, use your *Individual/Retiree Benefits Statement*, check the “add” box in the **Member & Dependent Information** section of your Individual Benefits Statement and write in “D” for dental or “V” for vision in the **Coverage** column. Additionally, complete the Birthdate, Relationship, and Social Security Number sections with the appropriate information.

Dependents can also be added to the dental and vision plans on-line (instruction on pages 4-5).

The deadline to make allowed dependent changes as well as other plan changes during Annual Change for 2009 is **October 24, 2008**.

DELETING DEPENDENTS

You may delete dependent coverage during this period by checking the “delete” box on the line next to the dependent you wish to delete on your *Individual/Retiree Benefits Statement* or on-line as described on pages 4-5.

Once a dependent is removed from the plan, they may not be re-enrolled without a qualifying event (described on this page).

The deadline to delete dependents and to make all other plan changes for 2009 is **October 24, 2008**.

DECLARING DEPENDENT'S TAX STATUS

A *Declaration of Tax Status* form will be sent to all employees who have added dependents to dental or vision during the Annual Change period. This form must be completed and returned immediately to apply the appropriate tax treatment to your dependents. Failure to return the form will result in dependents being defaulted to a non-qualified status. For more information, check out the Declaration of Tax Status page on the Health Care and Benefits website at benefits.mt.gov.

For employees who previously completed a *Declaration of Tax Status* form on their dependents, check your *Individual Benefits Statement* to ensure that the status is still correct. If changes are needed, please complete and return a new *Declaration of Tax Status* form (available on-line at benefits.mt.gov).

ENROLLING DEPENDENTS AFTER ANNUAL CHANGE

After the Annual Change period, dependent coverage enrollment is only allowed during these circumstances (referred to as qualifying events):

- within 63 days of becoming a dependent (through marriage, or court-ordered support/custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits;
- within 63 days after the 31-day automatic coverage period (94 days from birth) after birth or adoption.

Notify your Agency Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

If you have questions regarding your specific situation, please call us at the number above or check out the plan rules described in the Summary Plan Document available on-line at benefits.mt.gov.

ELIGIBLE DEPENDENTS DEFINED

Eligible dependents include:

1. The eligible employee's lawful spouse or declared domestic partner (Declaration of Domestic Partnership forms may be found on the Health Care and Benefits Division website at benefits.mt.gov).

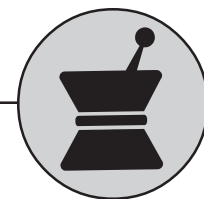
2. The eligible employee's dependent children who are under age 25, unmarried, and not in full-time active military service.

It is the responsibility of the member to remove any dependents who cease to be eligible. Failure to do so will result in the member being held responsible for repayment of any claims dollars paid out for ineligible dependents.

QUESTIONS?

There are many ways to contact Health Care and Benefits
Email: benefitsquestions@mt.gov
Web: www.benefits.mt.gov
Phone: 1-800-287-8266 or 444-7462 in Helena.

PRESCRIPTION DRUG PLAN - 2009



Administered by Caremark • 1-888-347-5329 • www.caremark.com

Retail Pharmacy Deductible

\$100/Member
\$300/Family

Mail Order Pharmacy Deductible

\$0/Member
\$0/Family

Out-of-Pocket Maximums

Each Prescription \$285
Each Member \$1,650/year
Each Family \$3,300/year



Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$25 If Rx cost is \$25+	• Actual pharmacy charges • 20% coinsurance (\$25 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$40 If Rx cost is \$40+	• Actual pharmacy charges • 40% coinsurance (\$40 minimum)	• \$60 copay + 40% of cost over \$400*

* For prescriptions costing more than \$400 for a 90-day supply, call Caremark to determine the total out-of-pocket cost.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Prescription Drug Plan is a benefit for all State Employees, Legislators, Retirees, and COBRA members and their eligible dependents. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply). Members who use maintenance medications can experience significant savings by utilizing a mail order pharmacy.

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family annual deductible. If you use a

pharmacy in the Caremark Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 33-35 of this booklet or on the Caremark website at caremark.com.

Formulary drug listings can also be found at the Caremark website or on the Health Care and Benefits website at benefits.mt.gov.

Mail Order Pharmacies

You may obtain up to a 90-day supply of covered prescriptions with **no deductible**.

Mail order pharmacies are: Caremark Mail Service Pharmacy (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail order forms are available at Health Care and Benefits Division or at the Caremark website at caremark.com.

PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs. Generic and brand-named drugs which are on the formulary list (available at benefits.mt.gov) are lower in cost than the brand name alternatives which are not on the formulary listing.

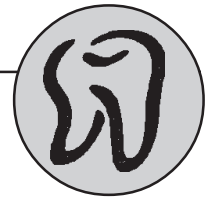
PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact Caremark at 1-888-347-5329 to inquire if this may apply to your prescription.

COVERAGE REMINDER

Coverage for Proton Pump Inhibitors (PPI) such as Aciphex, Nexium, Prevacid and Protonix are available under the prescription drug plan as long as they are filled at a retail pharmacy. Because of the availability of an over-the-counter alternative (Prilosec and its generic Omeprazole), PPI drugs are not available through the mail order facilities.

DENTAL PLAN - 2009



Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

Deductible

\$50/Member
\$150/Family

Monthly and Per Paycheck Premiums

Member only	\$34.10/\$17.05
Member and spouse	\$51.90/\$25.95
Member and children	\$50.40/\$25.20
Member and family	\$58.00/\$29.00
Joint Core	\$39.80/\$19.90

Covered Services

Type A: Preventive and Diagnostic

Plan Pays

• 100%**

Limitations/Maximums

- One full-mouth X-ray or series in any 36-month period
- One set of supplementary bitewing X-rays in any 180-day period
- Two exams and/or cleanings in any benefit year (Fluoride application covered through age 16)
- No deductible or yearly dollar maximum apply

Type B: Fillings, Oral Surgery, etc.

• 80%**

- Subject to \$50 combined (with type C) deductible
- Subject to \$1,200 combined (with type C) yearly maximum

Type C: Dentures, Bridges, etc.

• 50%**

- Subject to \$50 combined (with type B) deductible
- Subject to \$1,200 combined (with type B) yearly maximum
- Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime

**Of allowable charges.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, Legislators, and Retirees under 65 are required to be enrolled in dental coverage unless they waive the entire benefit package. Members also choose which dependents to cover. During the Annual Change period, you may add and/or delete dependents from the dental plan by selecting the appropriate boxes on the *Individual/Retiree Benefits Statement* or on-line as described on pages 4-5.

SERVICE TYPES

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only. The deductible does not apply to Type A preventive services.

Each member and dependent has a maximum yearly benefit of \$1,200 for Type B & C services only.

If you use a Blue Cross Blue Shield participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

Type A Services

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and not more than two sets of supplementary bitewing X-rays in any benefit year.

2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year.*

3. Unscheduled minor emergency treatment to relieve pain.

Type B Services

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery

5. Endodontics

6. Periodontics

7. Oral surgery

Type C Services

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.

2. Bridges.

3. Repair and rebasing of existing dentures.

4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.

5. Up to \$1,500 per person, per lifetime for dental implants while under the plan. This maximum is separate from the yearly maximum.

6. Dental sealants, limited to covered dependents under age 16 applied to molars once per tooth per lifetime. Repair and resealing are not covered.

VISION PLAN - 2009



Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co.
1-866-723-0513 Fax: 1-866-293-7373
www.enrollwitheyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)

Member only
 Member and spouse
 Member and children
 Member and family

Monthly and Per Paycheck Premiums

\$ 7.64/\$ 3.82
 \$14.42/\$ 7.21
 \$15.18/\$ 7.59
 \$22.26/\$11.13

**Enrollment
 is not
 automatic!**

Covered Services	Frequency	Coverage from an EyeMed Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	\$45 allowance
Frames	24 months	\$125 allowance with 20% discount > \$125	\$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal
UV coating		\$15 copay	N/A
Tint (solid and gradient)		\$15 copay	N/A
Scratch Resistance (standard)		\$15 copay	N/A
Polycarbonate		\$40 copay	N/A
Anti-Reflective Coating (standard)		\$45 copay	N/A
Progressive Lens		\$65 copay	N/A
Other Add-ons and Services		20% off retail price	N/A
Contact Lenses (if used instead of glass lenses)	12 months	\$125 allowance	\$80 allowance
Medically Necessary Contacts*		Paid in full	\$200 allowance

*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (such as cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other disease of the eye.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, Retirees, Legislators, COBRA members and their dependents are eligible for this optional benefit.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the on-line provider locator at www.enrollwitheyemed.com/access for a listing of providers near your zip code.

Once enrolled, visit eyemedvisioncare.com to view coverage and eligibility information.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers, which may not be combined with any other discounts or

promotional offers, and the discount **does not apply** to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off a complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. The contact lens benefit allowance is not applicable to this service.

Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, eyemedvisioncare.com, or by calling the Customer Care Center. Forms may be filled in on-line, saved, attached to an e-mail and sent to oonclaims@eyemedvisioncare.com.

2) Make an appointment with an out-of-network provider you trust as your choice vision care provider.

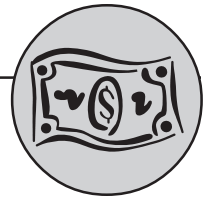
3) Pay for all services at the point of care and receive an itemized receipt from the provider office.

4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

You may fax your claim form to the fax number above. For fastest processing of your claim, utilize the fax or e-mail opportunities.

PRE-TAX PLAN - 2009

Administered by the State of Montana Health Care and Benefits Division
1-800-287-8266 or 444-7462 in Helena • www.benefits.mt.gov



Benefit of Participation

Pre-tax Eligible

Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, up to \$50,000 in employee term life, long term disability and flexible spending account elections.

**IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Health Care and Benefits Division of any changes as soon as possible to avoid losing premiums.*

GENERAL INFORMATION

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance premiums on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-tax Plan.

WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan.

Your current election will continue unless you change your election on the *Individual Benefits Statement* form. Employees who enroll in a Flexible Spending Account are required to participate in the Pre-tax Plan.

ELIGIBLE BENEFITS

Premiums for the member's medical, dental, vision, accidental death & dismemberment (AD&D), employee term life, long term disability, and flexible spending elections may be paid pre-tax through the Pre-tax Plan. Additionally, premiums for the member's tax qualified dependents are also eligible for this plan.

INELIGIBLE BENEFITS

Dependent life insurance coverage, supplemental spouse life insurance coverage, and long term care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan. Member's non-qualified tax dependents do not qualify for the pre-tax plan.

RETIREES & COBRA MEMBERS

Retirees and COBRA members may prepay premiums up to the end of the year on a pre-tax basis. However, if you are thinking about leaving State employment and either taking COBRA or retiring, consider your circumstances carefully before prepaying premiums. If you have mid-year coverage changes that reduce the amount of your premium, *no refund of premiums is available.*

If you are on COBRA and you or your spouse lose eligibility because you obtain other employment offering coverage or become eligible for Medicare, *no refund of prepaid premiums is available.*

If you are a retiree and no longer need state insurance because of other coverage, *no refund of prepaid premiums is available.*

Consult your tax advisor to determine the specific effect the Pre-tax Plan will have on your taxes.

LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the dependent child turns 25 years old, marries or joins the military. Dependents losing eligibility for coverage due to divorce, turning age 25, or marriage will become ineligible at the end of the month for which a partial or full premium has been paid.

WHAT'S THE CATCH?

According to an interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Health Care and Benefits Division right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the Division of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.

FLEXIBLE SPENDING ACCOUNTS - 2009

Administered by Allegiance Benefit Plan Management • 1-866-339-4310 • FAX 1-877-424-3539 • www.allegianceflexadvantage.com



Account Types

Medical

Annual Amounts

- Minimum: \$120
- Maximum: \$5,000/Employee

Qualifying Expense Examples

- Eye exams, contact lenses and solution, glasses, LASIK surgery, dental exams and services, chiropractic care, prescription drugs and insulin, hearing aids and exams, doctor visits, copays, and deductibles.
- Day care centers (must comply with state and local laws), baby-sitters, preschool, and general-purpose day camps.

Dependent Care

- Minimum: \$120
- Maximum: \$5,000/Family

GENERAL INFORMATION

WHO IS ELIGIBLE?

All active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

Retirees, Legislators, and COBRA members are not eligible to participate.

HOW FSAs WORK

Because the State of Montana offers FSAs, employees have the opportunity to make choices that can help tailor their employee benefits to meet their family's unique needs while saving money each year.

When you participate in an FSA, you elect to have a specified amount of "before tax" dollars deducted from your paycheck each pay period. There are two areas in which you can elect to use this "before tax" money for your expenses:

1. Out-of-pocket medical expenses (not covered by insurance)

- a. health insurance deductibles, co-pays and co-insurance
- b. prescription and over-the-counter drug costs
- c. dental and vision expenses
- d. non-covered medical expenses

2. Dependent care expenses

- a. child care (age 12 and under)
- b. disabled dependent care

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

Use It or Lose It!

Be careful in the amount of your election making sure to elect no more than you know you and your tax dependents are going to use within the plan year. Under the "use-or-lose" rule, any money not used by the end of the plan year cannot be

IMPORTANT!

You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is not automatic!

returned to you. No changes are allowed to your election after the October 24, 2008 deadline unless you experience a "qualifying event" described on the next page.

Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. EOB or day care provider receipt) to Allegiance online, by fax (1-877-424-3539 toll free or 1-406-523-3149) or mail (PO Box 4346, Missoula, MT 59806). Claims are normally processed within five business days of receipt.

SUBMIT A CLAIM ONLINE:

1. Go to allegianceflexadvantage.com
2. Complete the online form
3. Attach your documentation (scanned or downloaded)
4. Submit

You will usually have a check in your mailbox less than a week after you have submitted your claim. You can have your reimbursements deposited directly into your checking account if you send in the Automatic Deposit Authorization form with a voided check and Allegiance will electronically deposit reimbursements directly into your checking account.

Administrative Fee

There is a small administrative fee of \$2.25 per month for one or both types of FSAs. The fee has previously been paid by FSA participants. For employees who enroll in a FSA(s) for 2009, the administrative fee will be waived!

FSAs PUT TAX DOLLARS BACK IN YOUR POCKET

Mary is a single mother of three earning a salary of \$3,000 per month. Her oldest child has braces and Mary is paying the orthodontist \$150 per month. Mary takes a prescribed maintenance drug that costs her \$50 per month. Mary's youngest child attends preschool while Mary is at work and she is paying \$300 per month to the daycare provider. The following is a comparison of Mary's monthly take-home pay if she enrolls in FSAs to her take-home pay without FSA enrollment.

	FSA	No FSA
Gross pay	\$3000	\$3000
FSA election	<u>\$ 500</u>	<u>\$ 0</u>
Taxable Pay	\$2500	\$3000
Fed Tax*	\$ 135	\$ 213
State Tax*	\$ 84	\$ 114
FICA	<u>\$ 191</u>	<u>\$ 230</u>
Net Pay	\$2090	\$2443
Prescription	\$ 0	\$ 50
Braces	\$ 0	\$ 150
Day care	<u>\$ 0</u>	<u>\$ 300</u>
Net Pay	\$2090	\$1943

*tax based on 2008 Federal and Montana payroll tax withholding tables, claiming 4 allowances.

Participation in FSAs allows Mary to an extra \$147.00 in her pocket each month and \$1,764.00 additional yearly income.

TAX ISSUES

Health care expenses reimbursed through the flex plan are exempt from all federal and state income and FICA/Medicare taxes. Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. Without an FSA, medical expenses are only deductible if they exceed 7.5 percent of your adjusted gross income. Remember, gross earnings for purposes of determining Social Security benefits are reduced by pre-tax deductions.



CLICK ON IT!

Allegiance's website offers a wealth of resources for FSA participants, 24 hours-a-day, seven days a week:

- Check your account balances
- Check the status of pending claims
- View the explanation of benefits for processed claims
- Print claim and direct deposit forms
- Ask questions about your account

To get started, go to the website and register as a new user.

allegianceflexadvantage.com

MEDICAL SPENDING ACCOUNT

Before the start of each plan year, you may elect to use "before tax" dollars to pay for your out-of-pocket medical expenses, including deductibles, copays, prescriptions, and many over-the-counter medicines. Dental and vision expenses may be reimbursed too. Eligible expenses include those defined by IRS Code, Section 213(d).

The amount you elect will be reimbursed to you for the eligible expenses that you, your spouse, and your tax dependents incur during the plan year. The entire annual amount you elect can be used at any time during the plan year after your first deduction is taken. All you have to do is elect the amount you want withheld before taxes from your paycheck.

DEPENDENT CARE ACCOUNT

If both you and your spouse work or you are a single parent, you may have dependent care expenses. Without a dependent care account, the only tax help for you is the Federal Child Care Tax Credit. An FSA may give you a better tax benefit, so compare them both before making your annual FSA election. A dependent receiving care must live in your home at least eight hours per day.

Your FSA lets you use "before tax" dollars to pay for the care of children age 12 and under, or individuals unable to care for themselves while you or your spouse go to work or school. The care may be provided through live-in care, baby sitters, and licensed day care centers. You cannot use "before tax" dollars to pay your spouse or one of your children under the age of 19 for providing care. Schooling expenses for kindergarten and up is not reimbursable.

The maximum you can elect in a plan year is equal to the least of the following:

- \$5,000 married filing joint federal taxes;
- \$2,500 married filing separate federal taxes or you or your spouse's earned income.

Mid-Year Election Changes

There are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of spouse/dependent child;
- a change in employment status which warrants the change.

The change must be "on account of" and "consistent with" the change in family status. For example, new dependents warrant increasing a medical FSA, not decreasing it. The change must be made within 63 days of the qualifying event or in the case of births/adoptions within 63 days after the 31-day automatic coverage ends (94 days from date of birth).

ALLEGIANCE SERVICES

Customer Service representatives are available to answer your questions by phone each business day between 7:00 a.m. and 6:00 p.m. After hours and on week-ends, you can access a toll-free automated voice response system for your account information by calling 1-866-339-4310 (toll free) or 1-406-721-2222.

You can also access the Allegiance website, allegianceflexadvantage.com, 24 hours-a-day, seven days-a-week.

If you would like to drop off a claim reimbursement request or speak with a Customer Service Representative in person, you can stop by an Allegiance office between 8:00 a.m. and 5:00 p.m.

- Helena - 910 N Last Chance/Suite D
- Missoula - 2806 S Garfield
- Billings - 490 N 31st Street #110

MEDICAL/DEPENDENT CARE FSA(S) WORKSHEETS

These worksheets will help you decide on an appropriate annual election for a Medical & Dependent Care FSAs. Estimate your total annual expenses for the 2009 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

Your selected amount is removed from your paychecks in 24 installments, first from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim form and receive payment.

MEDICAL FSA WORKSHEET

Common Medical Expenses **2009 Estimates**

Estimated Medical Expenses \$ _____
(deductibles, co-pays, coinsurance)

Estimated Dental Expenses \$ _____

Estimated Vision Expenses \$ _____

Estimated Prescription Expenses \$ _____

Estimated Over-the-Counter Expenses \$ _____
(vitamins & supplements only with Rx)

Total Estimated 2009 Medical FSA \$ _____

DEPENDENT CARE FSA WORKSHEET

Monthly Care Expenses

Infant Expenses \$ _____

Preschool Expenses \$ _____

Before and After School Care \$ _____

School Vacations \$ _____

Total Monthly Expenses \$ _____

x 12

Total Estimated 2009 Care Expenses \$ _____

Examples of Qualified Medical Expenses

- Alcohol & Drug Treatment
- Alternative Healers
- Ambulance
- Appliances for Hearing Impaired
- Artificial Limbs & Teeth
- Birth Control Pills
- Blood Sugar Test Kit
- Braille Books & Magazines
- Car Controls for Disabled Drivers
- Carpal Tunnel Supports
- Chelation Therapy
- Childbirth or Lamaze Classes
- Chiropractors
- Coinsurance Amounts
- Contact Lenses & Supplies
- Contraceptives
- Crutches
- Deductibles (Medical, Dental, Rx)
- Dental Care
- Dentures & Denture Adhesives
- Diagnostic Fees
- Eye exams & Prescription Lenses
- Fertility & Infertility Treatments
- First Aid Kits
- Flu Shots
- Immunizations
- Laboratory Fees
- Obstetrical Expenses
- Orthodontics
- Orthopedics
- Physician Fees
- Physical Therapy
- Prescription drugs
- Psychiatrist & Psychologist Fees
- Smoking Cessation Program
- Surgery & Surgical Fees
- Wheelchair
- X-Rays

Examples of Non-Qualified Medical Expenses

- Cosmetic Surgery
- Fitness Programs
- Hair Growth Treatments
- Insurance Premiums
- Massage
- Warranties
- Service Agreements
- Special Foods
- Teeth Whitening
- Vitamins/Minerals

IMPORTANT!

Please be sure these amounts
divide evenly by 24
(the number of
deductions in the plan year).

LIFE INSURANCE PLANS - 2009

Administered by The Standard Insurance Company
For information, call the Health Care and Benefits Division • 1-800-287-8266 or 444-7462



Monthly Premiums

Plan A: Basic Life (\$14,000)	\$1.90
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

Age Rates

Based on employee's age the last day of month

<30 ...	\$.03
<35 ...	\$.05
<40 ...	\$.08
<45 ...	\$.10
<50 ...	\$.15
<55 ...	\$.23
<60 ...	\$.43
<65 ...	\$.66
65+ ...	\$.98

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all active Employees, Legislators, and non-Medicare retirees. Optional life insurance and Accidental Death & Dismemberment (AD&D) is available for employees, spouses, and dependents.

LIFE AND AD&D PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

During Annual Change you may delete coverage for plans B, C, D, and E. You may add or increase Plan E and apply for coverage or additional coverage under plans C and D. You may decrease coverage in Plan C down to your annual salary, rounded to the next highest \$5,000 increment.

CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65 or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion/portability is available if requested at the time life coverage terminates.

Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees and is also available to retirees under age 65 who continue state benefits.

Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

During Annual Change you can only delete existing coverage for Plan B.

Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

Additional amounts are available in \$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life. During this Annual Change period, **you can make a new election of Plan D coverage of \$10,000 without evidence of insurability (guaranteed enrollment).** New elections and amounts above \$10,000 require evidence of insurability and are subject to approval. The employee must be enrolled in Plan C for

their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000.

Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

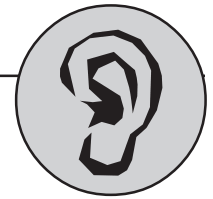
Employee Only: Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in increments of \$25,000. The coverage may not exceed 10 times your annual salary.

Employee and Dependents: The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

MAKING A CHANGE

If you are adding or increasing plans C or D (above \$10,000), you will receive a Medical History Statement (application) from the Health Care and Benefits Division. You must complete and return this statement, which will be forwarded to Standard Insurance Company for underwriting and approval or denial. You will be notified of the underwriting decision and, if approved, the effective date.

EMPLOYEE ASSISTANCE PROGRAM - 2009



Administered by Reliant Behavioral Health (RBH) • 1-866-750-0512
www.MyRBH.com Access code = State of Montana

Covered Services

Short-term Services

- Counseling
- Legal Consultations
- Financial Consultations
- Prenatal Program

Long-term Services (Traditional Plan)

- Counseling
- Psychiatric Services
- Chemical Dependency Services

Costs

- Free
- Free
- Free
- Free

- 25% with RBH referral
- 25% with RBH referral
- 25% with RBH referral

Annual Maximums

- 4 visits per issue
- 1/2 hour consultation
- unlimited

- 40 outpatient visits
- 40 outpatient visits
- 40 outpatient visits

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Employee Assistance Plan (EAP) is an add-on benefit for all State Employees, Legislators, and Retirees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

HELP IS HERE!

To schedule an appointment for:

- confidential counseling
- health coaching
- legal or financial services
- prenatal services
- 24-hour crisis assistance

CALL

1-866-750-0512

or long-term counseling, RBH will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Traditional plan members will receive a better benefit for outpatient visits when they first obtain an RBH referral. Managed Care plan members do not need a referral for short-term counseling needs. Please contact your plan administrator to determine referral requirements prior to receiving long-term benefits.

By utilizing the services provided by RBH at no direct cost to you, the plan also experiences cost savings, which are ultimately passed on to all the plan participants.

LEGAL & FINANCIAL SERVICES

You have convenient access to legal and financial professionals by simply contacting the EAP.

Legal services include a free, 1/2 hour consultation by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and referrals for a variety of issues such as debt counseling, budgeting, college planning, etc. Members who retain financial professionals receive a 25% discount for services.

PERSONAL ADVANTAGE WEBSITE

Personal Advantage is a wellness focused website to access self-care tools and information on work stress, parenting,

relationships, personal growth, health, and child & eldercare resources, along with more than 60 on-line trainings.

For information on the training available and how to log on, call RBH.

24-HOUR CRISIS HELP

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-866-750-0512.

MOMMY TRAX PRENATAL PROGRAM

Health plan members have access to free prenatal services including risk assessments, educational information, referrals, and other resources to help achieve a healthier pregnancy.

Managed Care plan members who enroll in this prenatal program in their first trimester will have many deductibles and copayments waived (see pages 12 & 13).

You can enroll in this program by simply calling 1-866-750-0512.

HEALTH COACHING

Have you been thinking about losing weight or quitting smoking for good? A health coach can provide the support you need to achieve your goals.

All State plan members and their adult dependents have access to **free, confidential health coaching**. This benefit, designed in conjunction with the Wellness Program, offers individuals the opportunity to communicate with friendly, experienced health coaches at their own pace, by phone or email depending on the participant's preference. To get started, just call **1-866-750-0512**.

THE BENEFITS

The EAP benefits provide a variety of services including confidential counseling, legal and financial services, prenatal services, health coaching, access to the Personal Advantage website, and 24-hour, toll-free access to crisis counselors.

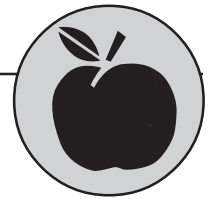
CONFIDENTIAL COUNSELING

The EAP offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to 4 free counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care

WELLNESS PROGRAMS - 2009

Sponsored by the Health Care and Benefits Division
1-800-287-8266 or 444-7462 • www.benefits.mt.gov/wellness.asp



2009 Programs	Cost	Benefits
Health Screenings	Free annually to member and dependents over 18	<ul style="list-style-type: none">• Confidential screenings for glucose, cholesterol, HDL, LDL, & triglycerides• Blood pressure and body mass index• Optional health screening tests• Information on risk reduction through life-style modifications
Spring Fitness	Fee varies	<ul style="list-style-type: none">• Team program designed to get people <i>active</i>
<i>Why Weight</i>	Free	<ul style="list-style-type: none">• Helps qualified members get assistance from a health coach to reach goals.
Weight Watchers		<ul style="list-style-type: none">• Helps pay for qualifying employees/dependents over 18 to join Weight Watchers and get fit with up to \$75 biennial reimbursement
Lunch 'n' Learn Series	Free	<ul style="list-style-type: none">• This educational series offers healthy-living talks by local experts
<i>Well on the Way</i>	Free	<ul style="list-style-type: none">• Assists qualified members to obtain health care services

GENERAL INFORMATION

The Wellness Program is designed to assist plan members in their effort to enhance their health. The program includes the following options:

HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional screenings including PSA, TSH, CBC, Homocysteine, and C-Reactive Protein.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

Health screenings are offered free every year to the medical plan member, spouses, and children over age 18. By participating in this FREE yearly screening, you save all the copayments or coinsurance that would apply if you had these tests done at your doctor's office.

SPRING FITNESS

This annual event helps you increase your physical activity and learn about proper nutrition and healthy lifestyles. Watch for details about this fun program in 2009.

HUNTER'S CHALLENGE

If you are a hunter you will want to participate in this six week program to help you get in shape for a more enjoyable and safe hunting trip. A grand prize is awarded at the end of the program.

WEIGHT WATCHERS

The Wellness Program will reimburse employees and/or dependents over 18 up to \$75/biennially for successful participation in the areas of weight, attendance, achievement, and exercise.

For more information on program qualifications and reimbursement instructions, call the Wellness Program or visit the Wellness website.

LUNCH 'N' LEARN SERIES

Throughout the year, free, educational lunchtime talks are offered by local experts at convenient work-site locations. A variety of health topics are covered and suggestions are welcome for future programs.

QUIT SMOKING

The State plan has partnered with the Montana Tobacco Quit Line. This free telephone service provides cessation counseling services and nicotine replacement therapy if appropriate. Call the Quit Line at 1-800-QUIT-NOW or visit the Wellness website for more information.

WELL ON THE WAY

By participating in the annual health screenings and completing a confidential questionnaire, you may qualify for this program that is designed to assist members with obtaining necessary health care services. Call Health Care and Benefits for more information.

WHY WEIGHT

If you are ready to lose weight, have participated in the Health Screenings, and have a body mass index of 27 or higher, you can participate in this program. A health coach will assist you in setting and reaching your goals. You may also qualify for assistance with some out-of-pocket expenses. Call RBH at 1-866-750-0512 for more information.

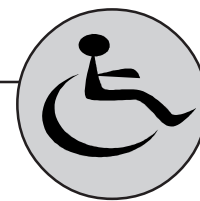
BENEFITS NEWSLETTER

A newsletter updating you on benefits and wellness news is mailed to you four times a year. Make sure we have your current address so you don't miss out on articles, programs, and important benefits information.

SOMHELP E-MAIL

The State of Montana Healthy Employee Lifestyle Program (SOMHELP) e-mail is a free, weekly e-mail designed to provide quick health tips to keep you motivated and involved with current wellness events. For more information visit the Wellness website.

LONG TERM DISABILITY INSURANCE - 2009



Administered by The Standard Insurance Company
For information, call the Health Care and Benefits Division • 1-800-287-8266 or 444-7462
www.benefits.mt.gov

Monthly Premiums

\$22.52 per member - Guaranteed enrollment during the Annual Change period for 2009!

GENERAL INFORMATION

Voluntary Long Term Disability (LTD) is insurance designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

WHO IS ELIGIBLE?

Long Term Disability (LTD) coverage is a voluntary benefit available to active employees who are enrolled in the medical plan. **Retirees, Legislators and COBRA members are not eligible to participate.**

COST

The monthly premium per member is \$22.52 regardless of age or income level.

ENROLLING

To enroll in the plan, check the "yes" box in the Long Term Disability section of your *Individual Benefit Statement* or enroll online as indicated on page 5.

BENEFIT AMOUNT

The monthly LTD benefit is 60% of your insured predisability earnings, the amount you were earning before you became disabled, reduced by deductible income.

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as deductible income.

GREAT NEWS!

Employees who choose to enroll during this Annual Change Period are not subject to evidence of insurability and are guaranteed enrollment.

BENEFIT DURATION

If you become disabled and your claim for LTD benefits is approved by The Standard, LTD benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during this benefit waiting period.

If you become disabled before age 60, LTD benefits may continue during disability until you reach age 65.

If you become disabled at age 60 or older, the benefit duration is determined by your age when disability begins.

If you are age 60-64 when disability begins, your maximum benefit period is five years.

For ages 65-68, the maximum is to age 70.

For ages 69 and over, the maximum is one year.

MORE INFORMATION

Long Term Disability brochures are available to provide more information on the plan. Brochures are available at benefits.mt.gov or by calling the Health Care and Benefits Division.

ADVANTAGES OF LTD COVERAGE

- It covers your inability to work in your own occupation for the first 24 months you are disabled, whereas many other benefits require you to be totally disabled from all occupations.

- If you are disabled from all occupations after 24 months, benefits may continue until you reach age 65.

- It covers disabilities that occur 24 hours a day, both on and off the job.

- If your employer makes an approved work-site modification that enables you to return to work while disabled, the plan will reimburse your employer up to a pre-approved amount for some or all of the cost of the modifications.

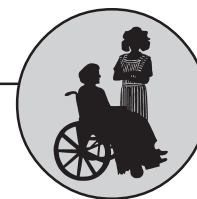
- While LTD benefits are payable, you may qualify to participate in a rehabilitation plan that prepares you to return to work. If you qualify, the plan may pay for return to work expenses you incur, such as job search, training and education, and family care expenses.

- If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable.

- If the group policy terminates, LTD benefits will continue as long as you are eligible to receive them.

LONG TERM CARE INSURANCE - 2009

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com



Options

Choices

Care Type
Plan 1
Plan 2
Plan 3

- Facility (*nursing home or assisted living*)
- Facility + Professional Home Care (*Provided by a licensed home health organization*)
- Facility + Professional Home Care + Total Home Care (*Care provided by anyone, including family members*)

Monthly Benefit
Nursing Home
Assisted Living
Home Care

- \$1,000 - \$6,000
- 60% of the selected nursing home amount
- 50% of the selected nursing home amount

Duration

3 year
6 year
Unlimited

- 3 years Nursing Home
- 6 years Nursing Home
- Unlimited Nursing Home
- or 5 years Assisted Living
- or 10 years Assisted Living
- or Unlimited Assisted Living
- or 6 years Home Care
- or 12 years Home Care
- or Unlimited Home Care

Inflation Protection

Yes
No

- 5% compounded annually
- No protection

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, Legislators, Retirees, Spouses, Parents, and Parents-in-Law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

ENROLLMENT

If you would like to sign-up for the plan, check the "Long-Term Care Insurance Plan Enrollment Kit" request box on your *Individual/Retiree Benefits Statement* form or on-line as described on pages 4-5. You may also request an enrollment kit by calling the Health Care and Benefits Division at 1-800-287-8266 (444-7462 in Helena) or via e-mail at benefitsquestions@mt.gov.

LONG TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

Types of Care

Plan 1: Facility (Nursing Home or Assisted Living)

Plan 2: Facility plus Professional Home Care (provided by a licensed home health organization)

Plan 3: Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.
- Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount.
- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

Duration

Three Year: Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

Six Years: Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

Unlimited: Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

Inflation Protection

Yes: An inflation protection of 5 percent will be compounded annually.

No: No inflation protection will be provided.

LONG-TERM CARE INSURANCE RATES

For rates
with
Inflation
Protection,
see page
32

Rates shown are for a \$1,000 Monthly Facility Benefit.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

PLAN 1 Long-Term Care Facility Non-forfeiture

PLAN 2 Long-Term Care Facility Non-forfeiture Professional Home Care

PLAN 3 Long-Term Care Facility Non-forfeiture Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18 - 30	1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
	31	• 1.70	• 2.20	• 2.80	•	• 2.60	• 3.50	• 4.70	•	• 4.00	• 5.50	• 7.70
	32	• 1.70	• 2.20	• 2.90	•	• 2.60	• 3.60	• 4.90	•	• 4.10	• 5.60	• 7.90
	33	• 1.80	• 2.30	• 2.90	•	• 2.70	• 3.70	• 5.00	•	• 4.20	• 5.70	• 8.00
	34	• 1.80	• 2.30	• 3.00	•	• 2.80	• 3.70	• 5.10	•	• 4.30	• 5.80	• 8.20
	35	• 1.90	• 2.40	• 3.10	•	• 2.90	• 3.90	• 5.20	•	• 4.40	• 6.00	• 8.50
	36	• 1.90	• 2.60	• 3.20	•	• 2.90	• 4.00	• 5.40	•	• 4.50	• 6.20	• 8.70
	37	• 2.00	• 2.70	• 3.30	•	• 3.10	• 4.20	• 5.60	•	• 4.70	• 6.40	• 9.00
	38	• 2.10	• 2.80	• 3.40	•	• 3.20	• 4.30	• 5.80	•	• 4.90	• 6.70	• 9.30
	39	• 2.20	• 2.90	• 3.60	•	• 3.40	• 4.50	• 6.00	•	• 5.10	• 6.80	• 9.60
	40	• 2.30	• 3.00	• 3.80	•	• 3.50	• 4.60	• 6.20	•	• 5.20	• 7.10	• 10.00
	41	• 2.40	• 3.10	• 4.00	•	• 3.60	• 4.80	• 6.60	•	• 5.50	• 7.40	• 10.40
	42	• 2.50	• 3.30	• 4.00	•	• 3.80	• 5.00	• 6.70	•	• 5.70	• 7.70	• 10.70
	43	• 2.60	• 3.40	• 4.30	•	• 3.90	• 5.30	• 7.10	•	• 5.90	• 8.00	• 11.20
	44	• 2.70	• 3.60	• 4.50	•	• 4.10	• 5.50	• 7.40	•	• 6.20	• 8.40	• 11.80
	45	• 2.90	• 3.80	• 4.70	•	• 4.30	• 5.80	• 7.70	•	• 6.50	• 8.80	• 12.30
	46	• 3.00	• 4.00	• 5.00	•	• 4.50	• 6.10	• 8.10	•	• 6.80	• 9.30	• 12.90
	47	• 3.30	• 4.20	• 5.30	•	• 4.70	• 6.30	• 8.50	•	• 7.10	• 9.80	• 13.60
	48	• 3.40	• 4.50	• 5.60	•	• 4.90	• 6.70	• 8.80	•	• 7.50	• 10.30	• 14.30
	49	• 3.70	• 4.70	• 5.90	•	• 5.20	• 6.90	• 9.20	•	• 7.90	• 10.80	• 15.10
	50	• 3.90	• 5.10	• 6.30	•	• 5.40	• 7.30	• 9.70	•	• 8.30	• 11.40	• 16.00
	51	• 4.20	• 5.40	• 6.80	•	• 5.80	• 7.60	• 10.20	•	• 8.90	• 12.10	• 16.90
	52	• 4.50	• 5.80	• 7.20	•	• 6.10	• 8.10	• 10.80	•	• 9.50	• 12.90	• 18.00
	53	• 4.80	• 6.20	• 7.70	•	• 6.50	• 8.50	• 11.30	•	• 10.00	• 13.50	• 19.00
	54	• 5.10	• 6.60	• 8.20	•	• 6.80	• 9.00	• 11.90	•	• 10.50	• 14.30	• 20.10
	55	• 5.50	• 7.10	• 8.70	•	• 7.30	• 9.60	• 12.50	•	• 11.20	• 15.30	• 21.20
	56	• 6.00	• 7.70	• 9.50	•	• 7.70	• 10.20	• 13.40	•	• 11.90	• 16.30	• 22.80
	57	• 6.50	• 8.40	• 10.30	•	• 8.30	• 10.90	• 14.20	•	• 12.80	• 17.50	• 24.40
	58	• 7.10	• 9.10	• 11.20	•	• 8.90	• 11.70	• 15.20	•	• 13.60	• 18.70	• 26.10
	59	• 7.80	• 9.90	• 12.20	•	• 9.50	• 12.60	• 16.30	•	• 14.70	• 20.00	• 28.00
	60	• 8.50	• 10.80	• 13.30	•	• 10.30	• 13.40	• 17.40	•	• 15.70	• 21.40	• 30.00
	61	• 9.40	• 12.00	• 14.70	•	• 11.20	• 14.70	• 19.00	•	• 17.00	• 23.40	• 32.60
	62	• 10.50	• 13.30	• 16.20	•	• 12.30	• 16.00	• 20.50	•	• 18.40	• 25.20	• 35.20
	63	• 11.60	• 14.70	• 18.00	•	• 13.40	• 17.50	• 22.50	•	• 19.90	• 27.40	• 38.40
	64	• 12.90	• 16.40	• 19.90	•	• 14.80	• 19.20	• 24.50	•	• 21.70	• 29.90	• 41.70
	65	• 15.00	• 18.90	• 22.90	•	• 16.80	• 21.80	• 27.70	•	• 24.20	• 33.40	• 46.60
	66	• 16.60	• 20.90	• 25.40	•	• 18.50	• 24.00	• 30.40	•	• 26.10	• 36.10	• 50.50
	67	• 18.60	• 23.40	• 28.30	•	• 20.60	• 26.60	• 33.60	•	• 28.60	• 39.50	• 55.10
	68	• 20.70	• 25.90	• 31.40	•	• 22.80	• 29.40	• 37.20	•	• 31.20	• 43.10	• 60.10
	69	• 23.00	• 28.80	• 34.90	•	• 25.20	• 32.40	• 41.00	•	• 34.10	• 47.00	• 65.60
	70	• 25.70	• 32.00	• 38.70	•	• 28.00	• 35.90	• 45.30	•	• 37.20	• 51.40	• 71.50
	71	• 28.40	• 35.40	• 42.80	•	• 30.80	• 39.50	• 49.80	•	• 40.40	• 55.90	• 77.70
	72	• 31.60	• 39.40	• 47.50	•	• 34.20	• 43.80	• 55.00	•	• 44.20	• 61.20	• 84.90
	73	• 34.90	• 43.30	• 52.10	•	• 37.60	• 47.90	• 60.00	•	• 48.10	• 66.50	• 91.80
	74	• 38.80	• 48.00	• 57.60	•	• 41.50	• 53.00	• 66.10	•	• 52.60	• 72.70	• 100.00
	75	• 46.50	• 57.40	• 68.60	•	• 49.60	• 63.10	• 78.70	•	• 62.20	• 86.00	• 118.00
	76	• 51.20	• 63.30	• 75.90	•	• 54.50	• 69.40	• 86.40	•	• 67.60	• 93.60	• 128.40
	77	• 55.90	• 69.00	• 82.70	•	• 59.30	• 75.40	• 93.80	•	• 72.80	• 100.90	• 138.30
	78	• 61.50	• 75.80	• 90.70	•	• 65.00	• 82.60	• 102.60	•	• 79.20	• 109.80	• 150.20
	79	• 67.70	• 83.40	• 99.60	•	• 71.40	• 90.60	• 112.30	•	• 86.20	• 119.50	• 163.10
	80	• 74.60	• 91.60	• 109.30	•	• 78.40	• 99.30	• 122.90	•	• 93.80	• 130.00	• 177.10
	81	• 81.70	• 100.10	• 119.20	•	• 85.60	• 108.20	• 133.60	•	• 101.40	• 140.50	• 190.80
	82	• 90.80	• 111.10	• 132.00	•	• 95.00	• 119.80	• 147.50	•	• 111.70	• 154.60	• 209.20
	83	• 100.50	• 122.60	• 145.50	•	• 104.90	• 132.10	• 162.20	•	• 122.70	• 169.70	• 228.90
	84	• 109.90	• 133.80	• 158.30	•	• 114.60	• 143.90	• 176.10	•	• 133.20	• 184.20	• 247.10

LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit **with Inflation Protection**.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

**With
Inflation
Protection**

PLAN 1 Long-Term Care Facility Non-forfeiture

PLAN 2 Long-Term Care Facility Non-forfeiture Professional Home Care

PLAN 3 Long-Term Care Facility Non-forfeiture Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18-30	6.00	7.80	10.00		8.20	10.90	14.60		11.50	15.40	21.50
	31	6.10	8.10	10.20	•	8.30	11.20	14.90	•	11.70	15.90	22.00
	32	6.20	8.20	10.60	•	8.50	11.40	15.40	•	12.00	16.20	22.50
	33	6.50	8.60	10.80	•	8.70	11.80	15.70	•	12.20	16.60	23.00
	34	6.60	8.70	11.00	•	9.00	12.00	16.00	•	12.50	17.00	23.40
	35	6.90	9.00	11.40	•	9.30	12.40	16.40	•	12.90	17.50	24.10
	36	7.00	9.20	11.70	•	9.50	12.70	16.90	•	13.20	17.90	24.60
	37	7.20	9.60	12.00	•	9.70	13.10	17.40	•	13.50	18.40	25.30
	38	7.50	9.90	12.40	•	10.10	13.50	17.80	•	14.00	19.00	26.00
	39	7.70	10.00	12.70	•	10.40	13.70	18.20	•	14.30	19.30	26.50
	40	7.90	10.40	13.00	•	10.60	14.10	18.70	•	14.60	19.80	27.30
	41	8.20	10.60	13.50	•	10.90	14.50	19.30	•	15.10	20.30	28.00
	42	8.40	10.90	13.70	•	11.20	14.90	19.60	•	15.40	20.80	28.60
	43	8.60	11.30	14.10	•	11.50	15.30	20.20	•	15.90	21.40	29.40
	44	9.00	11.70	14.60	•	11.90	15.90	20.80	•	16.40	22.10	30.30
	45	9.20	11.90	14.90	•	12.30	16.20	21.30	•	16.80	22.60	31.00
	46	9.60	12.50	15.50	•	12.60	16.80	22.00	•	17.30	23.40	32.10
	47	9.90	12.80	16.10	•	12.90	17.10	22.50	•	17.90	24.10	33.10
	48	10.20	13.20	16.60	•	13.20	17.50	23.10	•	18.40	24.90	34.20
	49	10.70	13.80	17.10	•	13.70	18.10	23.60	•	19.10	25.70	35.20
	50	11.00	14.20	17.80	•	14.00	18.50	24.30	•	19.60	26.50	36.50
	51	11.50	14.80	18.50	•	14.60	19.20	25.10	•	20.50	27.60	38.00
	52	12.10	15.50	19.30	•	15.10	19.90	25.90	•	21.30	28.70	39.40
	53	12.40	16.00	19.90	•	15.40	20.30	26.60	•	21.90	29.60	40.80
	54	12.90	16.70	20.80	•	15.90	21.10	27.40	•	22.60	30.70	42.20
	55	13.80	17.70	21.90	•	16.70	21.90	28.30	•	23.50	31.70	43.30
	56	14.50	18.60	23.00	•	17.40	22.80	29.40	•	24.50	33.10	45.20
	57	15.30	19.60	24.20	•	18.30	23.80	30.80	•	25.80	34.70	47.60
	58	16.20	20.80	25.60	•	19.10	25.00	32.10	•	26.90	36.40	49.90
	59	17.10	21.90	26.90	•	20.00	26.10	33.60	•	28.20	38.10	52.30
	60	18.30	23.10	28.40	•	21.10	27.30	35.00	•	29.60	40.00	54.80
	61	19.70	25.20	30.80	•	22.50	29.40	37.50	•	31.50	42.80	58.70
	62	21.40	27.10	33.00	•	24.20	31.30	39.70	•	33.50	45.50	62.30
	63	22.90	29.10	35.50	•	25.70	33.30	42.30	•	35.50	48.30	66.30
	64	25.00	31.60	38.40	•	27.80	35.90	45.20	•	38.00	51.70	70.80
	65	28.10	35.50	43.00	•	30.90	39.80	50.00	•	41.70	56.80	77.80
	66	30.40	38.30	46.40	•	33.10	42.70	53.70	•	44.20	60.30	82.80
	67	33.20	41.80	50.50	•	36.10	46.40	58.20	•	47.60	65.10	89.10
	68	35.90	45.20	54.60	•	38.90	50.00	62.70	•	50.80	69.40	95.10
	69	39.20	48.90	59.20	•	42.30	54.00	67.80	•	54.60	74.40	102.20
	70	42.30	52.90	64.00	•	45.50	58.20	73.10	•	58.20	79.60	109.30
	71	46.10	57.50	69.30	•	49.40	63.10	78.90	•	62.40	85.50	117.10
	72	50.20	62.70	75.50	•	53.70	68.50	85.60	•	67.20	92.10	125.90
	73	54.10	67.10	80.80	•	57.70	73.40	91.40	•	71.80	98.20	134.00
	74	59.00	73.00	87.60	•	62.60	79.60	98.80	•	77.20	105.60	143.70
	75	69.20	85.60	102.50	•	73.30	93.00	115.30	•	89.70	122.70	166.50
	76	75.30	93.00	111.50	•	79.50	100.80	125.00	•	96.40	132.10	179.20
	77	80.60	99.40	119.10	•	84.80	107.50	133.30	•	102.00	139.90	189.70
	78	87.40	107.70	128.80	•	91.80	116.10	143.70	•	109.50	150.10	203.20
	79	94.10	115.80	138.50	•	98.70	124.80	154.20	•	117.00	160.70	217.20
	80	102.20	125.60	149.80	•	106.90	135.00	166.50	•	125.80	172.70	233.10
	81	110.20	135.10	161.00	•	115.10	145.00	178.50	•	134.40	184.40	248.40
	82	120.80	147.70	175.60	•	125.80	158.20	194.40	•	146.00	200.30	269.00
	83	131.70	160.70	190.70	•	137.00	172.00	210.70	•	158.40	217.20	290.70
	84	141.70	172.70	204.20	•	147.30	184.60	225.30	•	169.40	232.60	309.90

CAREMARK NETWORK PHARMACIES

CITY	PHARMACY
Anaconda	CVS Pharmacy Safeway Pharmacy Thrifty Drug Store
Baker	Baker Rexall Drug Lawler Drug
Belgrade	Albertson's Pharmacy Lee & Dad's Pharmacy
Big Sky	Bozeman Deaconess Pharmacy
Big Timber	Cole Drug
Bigfork	Bigfork Drug
Billings	Albertson's Pharmacy - Central Ave. Albertson's Pharmacy - Grand Ave. Albertson's Pharmacy - North 27th St. Albertson's Pharmacy - Main St. Aspen Meadows Pharmacy At Home Solutions Billings CBOC Billings Clinic Pharmacy Billings Health & Rehabilitation Center for Healthy Aging Pharmacy Community Health Center Pharmacy Costco Pharmacy CVS Pharmacy - Grand Ave. CVS Pharmacy - Main St. CVS Pharmacy - North 27th St. Deaconess Billings Clinic Pharmacy First Pharmacy Juro's United Drugs K Mart Pharmacy NCS Healthcare of Montana Pharmacy One Planned Parenthood of Montana ShopKo Pharmacy St. John's Pharmacy St. Vincent's Healthcare Pharmacy Target Pharmacy Walgreens Drug Store - Main St. Walgreens Drug Store - Grand Ave. Wal-Mart Pharmacy - Main St. Wal-Mart Pharmacy - King Ave. Westpark Pharmacy Woodrows Drugs
Box Elder	Rocky Boy Clinic Pharmacy
Bozeman	Albertson's Pharmacy At Home Solutions Costco Pharmacy CVS Pharmacy Highland Park Pharmacy K Mart Pharmacy Medical Arts Pharmacy Price Rite Drug Rosauers Pharmacy Safeway Pharmacy Smith's Pharmacy

*Network Pharmacies are subject to change

**MAIL ORDER
PHARMACIES**

Caremark Mail Service Pharmacy
1-888-347-5329
www.caremark.com

Ridgeway Pharmacy
1-800-630-3214
1-406-777-5425

CITY	PHARMACY
	Student Health Service Pharmacy Wal-Mart Pharmacy Western Drug
Broadus	Larry's IGA Pharmacy
Browning	Blackfeet Community Hospital
Butte	Butte CHC Pharmacy CVS Pharmacy Driscoll Drug K Mart Pharmacy Medical Arts Pharmacy Safeway Pharmacy St. James Healthcare Three Bears Pharmacy Wal-Mart Pharmacy
Chester	Liberty Drug
Chinook	Chinook Pharmacy
Choteau	Choteau Drug
Columbia Falls	Columbia Falls CBOC Good Medicine Pharmacy Pamida Pharmacy Smith's Pharmacy
Columbus	Matovich IGA Discount Drug
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug Store
Crow Agency	Crow Hospital
Culbertson	Culbertson Pharmacy
Cut Bank	Albertson's Pharmacy Drug Mart
Deer Lodge	Keystone Drug Safeway Pharmacy

CAREMARK NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Dillon	Pamida Pharmacy Safeway Pharmacy	Harlowton	Wheatland Memorial Pharmacy
Ekalaka	Dahl Memorial Hospital	Havre	Albertson's Pharmacy Health Mart K Mart Pharmacy Northern Montana Pharmacy Wal-Mart Pharmacy Western Drug Pharmacy
Ennis	Ennis Pharmacy	Hays	Hays Indian Health Center Pharmacy
Eureka	Haines Drug	Heart Butte	Heart Butte Pharmacy
Fairfield	Fairfield Drug	Helena	Bergum Drug South Hills Costco Pharmacy CVS Pharmacy - N. Montana Ave. CVS Pharmacy - Euclid Ave. K Mart Pharmacy Safeway Pharmacy ShopKo Pharmacy Snyder's Drug Store St. Peter's Pharmacy Wal-Mart Pharmacy
Fairview	Mondak Pharmacy	Jordan	Foster Jordan Drug
Florence	Florence Pharmacy North	Kalispell	Albertson's Pharmacy At Home Solutions Big Sky IV Care Costco Pharmacy Evergreen Rx Kalispell Regional Med. Ctr Pharmacy K Mart Pharmacy Medical Arts Pharmacy Rosauers Pharmacy ShopKo Pharmacy Smith's Pharmacy Stoick Drug Sykes Pharmacy The Clinical Pharmacy Wal-Mart Pharmacy Walgreens Drug Store
Forsyth	Yellowstone Pharmacy	Lame Deer	Lame Deer Health Center
Fort Benton	Benton United Drugs	Laurel	CVS Pharmacy Gene's Pharmacy Price's Pharmacy Wal-Mart Pharmacy
Fort Harrison	Fort Harrison VAMC	Lewistown	Albertson's Pharmacy Lewistown Pharmacy Montana Mental Health Nursing Center Pamida Pharmacy Seiden Drug
Frenchtown	Frenchtown Drug	Libby	Center Drug Frank's Drug Libby Drug Rosauers Pharmacy
Gardiner	Gardiner Pharmacy		
Glasgow	5th Avenue Pharmacy Pamida Pharmacy Western Drug of Glasgow		
Glendive	Albertson's Pharmacy F & G Pharmacy Gabert Clinic Pharmacy		
Great Falls	Albertson's Pharmacy - 3rd St. NW Albertson's Pharmacy - 10th Ave. S Anderson Family Pharmacy Apothecary Drug Store Clinic United Drugs CVS Pharmacy K Mart Pharmacy Pharmerica Plaza United Drugs Public United Drug Sam's Club Pharmacy ShopKo Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Walgreens Drug Store - 3rd St. NW Walgreens Drug Store - 10th Ave. S Wal-Mart Pharmacy		
Hamilton	Albertson's Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy Walgreens		
Hardin	Pharmcare Pharmacy		
Harlem	Fort Belknap Pharmacy Milk River Pharmacy		

CAREMARK NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Livingston	Albertson's Pharmacy Pamida Pharmacy Western Drug	Ronan	Family Health Pharmacy R & R Health Care Solutions
Lodge Grass	Lodge Grass Pharmacy	Roundup	Pamida Pharmacy
Lolo	Lolo Drug	Scobey	Service Drug
Malta	Valley Drug	Seeley Lake	Healthcare Plus Seeley Swan Pharmacy
Miles City	Albertson's Pharmacy Big Sky Pharmacy Holy Rosary Healthcare Pharmacy Miles City CBOC Wal-Mart Pharmacy	Shelby	Northtown Drug Pamida Pharmacy
Missoula	A & C Drug Albertson's Pharmacy - Oxford St. Albertson's Pharmacy - Reserve St. Albertson's Pharmacy - Russell St. Broadway Pharmacy Costco Pharmacy CVS Pharmacy East Gate Drug Garden City Pharmacy Health Services Pharmacy K Mart Pharmacy Missoula Pharmacy Palmer's Drug Partnership Health Center Riverside Health Care Pharmacy Rosauers Pharmacy Safeway Pharmacy - Reserve St. Safeway Pharmacy - Broadway St. Savmor Drug ShopKo Pharmacy Target Pharmacy Village Health Care Center Pharmacy Wal-Mart Pharmacy - Mullan Rd. Wal-Mart Pharmacy - Hwy 93 Walgreens Drug Store - N. Reserve St. Walgreens Drug Store - Brooks St.	Sidney	Community Clinic Pharmacy Pamida Pharmacy Sidney Health Center White Drug
Pablo	Confederated Salish & Kootenai Tribes	St. Ignatius	Mission Drug Pharmacy
Philipsburg	Granite County Hospital Pharmacy	Stevensville	Ridgeway Pharmacy Stevensville Family Pharmacy Valley Drug
Plains	Plains Drug	Superior	Mineral Pharmacy
Plentywood	Plentywood Drug	Thompson Falls	Doug's Drug
Polson	Healthcare Plus Pharmacy Safeway Pharmacy St. Joseph's Retail Pharmacy Wal-Mart Pharmacy	Three Forks	Three Forks Medical Arts Pharmacy
Poplar	Poplar Pharmacy	Townsend	Townsend Drug
Pryor	Pryor Pharmacy	Troy	Kootenai Drug
Red Lodge	Red Lodge Drug	Twin Bridges	Mac's CHC Pharmacy
		West Yellowstone	Silvertip Pharmacy
		White Sulphur Springs	Castle Mountain Drug
		Whitefish	Good Medicine Pharmacy Haines Medical Pharmacy Haines Public Drug Safeway Pharmacy
		Whitehall	Whitehall Drug
		Wolf Point	Gillette Pharmacy Wolf Point Pharmacy

BLUE CHOICE MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	• Divide	59727	• Joplin	59531	• Pryor	59066
Acton	59002	• Dixon	59831	• Judith Gap	59453	• Ramsay	59748
Alberton	59820	• Drummond	59832	• Kalispell	59901	• Ravalli	59863
Alder	59710	• Dupuyer	59432	•	59903	• Raynesford	59469
Anaconda	59711	• Dutton	59433	•	59904	• Red Lodge	59068
Arlee	59821	• East Helena	59635	• Kevin	59454	• Rexford	59930
Augusta	59410	• East Missoula	59801	• Kila	59920	• Ringling	59642
Avon	59713	• Edgar	59026	• Kremlin	59532	• Roberts	59070
Ballantine	59006	• Elliston	59728	• Lake McDonald	59921	• Rollins	59931
Basin	59631	• Elmo	59915	• Lakeside	59922	• Ronan	59864
Bearcreek	59007	• Emigrant	59027	• Laurel	59044	• Roscoe	59071
Belfry	59008	• Ennis	59729	• Lavina	59046	• Roundup	59072
Belgrade	59714	• Ethridge	59435	• Ledger	59456	• Rudyard	59540
Belt	59412	• Eureka	59917	• Lima	59739	• Ryegate	59074
Big Arm	59910	• Fairfield	59436	• Lincoln	59639	• Saltese	59867
Bigfork	59911	• Fishtail	59028	• Livingston	59047	• Sand Coulee	59472
Big Sky	59716	• Florence	59833	• Lloyd	59535	• Santa Rita	59473
Billings	59101-59108	• Floweree	59440	• Lodge Grass	59050	• Seeley Lake	59868
	59111-59112	• Fort Benton	59442	• Lolo	59847	• Shawmut	59078
	59114-59117	• Fort Harrison	59636	• Loma	59460	• Shelby	59474
Black Eagle	59414	• Fort Shaw	59443	• Lonepine	59848	• Shepherd	59079
Bonner	59823	• Fortine	59918	• Lothair	59461	• Sheridan	59749
Boulder	59632	• Frenchtown	59834	• Manhattan	59741	• Silver Star	59751
Box Elder	59521	• Fromberg	59029	• Marion	59925	• Silverbow	59750
Boyd	59013	• Galata	59444	• Martin City	59926	• Simms	59477
Bozeman	59715	• Gallatin Gateway	59730	• Martinsdale	59053	• Somers	59932
	59717-59719	• Garneill	59445	• Marysville	59640	• Springdale	59082
	59771-59773	• Garrison	59731	• McAllister	59740	• St. Ignatius	59865
Brady	59416	• Garryowen	59031	• McLeod	59052	• St. Regis	59866
Bridger	59014	• Geraldine	59446	• Melrose	59743	• St. Xavier	59075
Broadview	59015	• Geyser	59447	• Melville	59055	• Stevensville	59870
Buffalo	59418	• Gildford	59525	• Milltown	59851	• Stockett	59480
Butte	59701	• Glen	59732	• Missoula	59801	• Stryker	59933
	59702	• Gold Creek	59733	•	59802	• Sula	59871
	59703	• Grantsdale	59835	•	59803	• Sun River	59483
	59707	• Great Falls	59401	•	59804	• Sunburst	59482
Bynum	59419	•	59402	•	59806	• Superior	59872
Canyon Creek	59633	•	59403	•	59807	• Swan Lake	59911
Cardwell	59721	•	59404	•	59808	• Thompson Falls	59873
Carter	59420	•	59405	•	59812	• Three Forks	59752
Cascade	59421	•	59406	• Molt	59057	• Trego	59934
Charlo	59824	• Greenough	59836	• Monarch	59463	• Trout Creek	59874
Chester	59522	• Hamilton	59840	• Musselshell	59059	• Twin Bridges	59754
Chinook	59523	• Hardin	59034	• Neihart	59465	• Two Dot	59085
Choteau	59422	• Harlowton	59036	• Norris	59745	• Ulm	59485
Clancy	59634	• Harrison	59735	• Noxon	59853	• Valier	59486
Clinton	59825	• Haugan	59842	• Oilmont	59466	• Vaughn	59487
Clyde Park	59018	• Havre	59501	• Olney	59927	• Victor	59875
Columbia Falls	59912	• Helena	59601-59602	• Ovando	59854	• Virginia City	59755
Condon	59826	•	59604	• Pablo	59855	• Warm Springs	59756
Conner	59827	•	59620	• Paradise	59856	• West Glacier	59936
Conrad	59425	•	59623-59626	• Park City	59063	• White Splhr Sprgs	59645
Coram	59913	• Helmville	59843	• Pendroy	59467	• Whitefish	59937
Corvallis	59828	• Heron	59844	• Philipsburg	59858	• Whitehall	59759
Creston	59902	• Highwood	59450	• Pinesdale	59841	• Whitlash	59545
Crow Agency	59022	• Hingham	59528	• Plains	59859	• Wilsall	59086
Custer	59024	• Hot Springs	59845	• Polaris	59746	• Winston	59647
Cut Bank	59427	• Hungry Horse	59919	• Pole Bridge	59928	• Wisdom	59761
Darby	59829	• Huntley	59037	• Polson	59860	• Wise River	59762
Dayton	59914	• Huson	59846	• Pompeys Pillar	59064	• Wolf Creek	59648
De Borgia	59830	• Inverness	59530	• Pony	59747	• Worden	59088
Deer Lodge	59722	• Jackson	59736	• Power	59468	• Zurich	59547
Dell	59724	• Jefferson City	59638	• Pray	59065	•	
Dillon	59725	• Joliet	59041	• Proctor	59929	•	
		•		•		•	

NEW WEST MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Darby	59829	Inverness	59530	Radersburg	59641
Acton	59002	Dayton	59914	Jefferson City	59638	Ramsay	59748
Alberton	59820	Deer Lodge	59722	Joliet	59041	Rapelje	59067
Alder	59710	Denton	59430	Joplin	59531	Ravalli	59863
Anaconda	59711	Dillon	59725	Jordan	59337	Raynesford	59469
Angela	59312	Divide	59727	Judith Gap	59453	Red Lodge	59068
Antelope	59211	Dixon	59831	Kalispell	59901-59904	Red Stone	59257
Arlee	59821	Dodson	59524	Kevin	59454	Reed Point	59069
Augusta	59410	Drummond	59832	Kila	59920	Ringling	59642
Avon	59713	Dupuyer	59432	Kinsey	59338	Roberts	59070
Bainville	59212	Dutton	59433	Kremlin	59532	Rollins	59931
Ballantine	59006	East Helena	59635	Lake McDonald	59921	Ronan	59864
Basin	59631	Edgar	59026	Lakeside	59922	Roscoe	59071
Bearcreek	59007	Elliston	59728	Lambert	59243	Rosebud	59347
Belfry	59008	Elmo	59915	Laurel	59044	Roundup	59072-59073
Belgrade	59714	Emigrant	59027	Lavina	59046	Roy	59471
Belt	59412	Ethridge	59435	Ledger	59456	Rudyard	59540
Big Arm	59910	Fairfield	59436	Lewistown	59457	Ryegate	59074
Big Sandy	59520	Fairview	59221	Libby	59923	Saco	59261
Big Sky	59716	Fallon	59326	Livingston	59047	Saint Ignatius	59865
Big Timber	59011	Fishtail	59028	Lloyd	59535	Saint Regis	59866
Bigfork	59911	Flaxville	59222	Lodge Grass	59050	Saint Xavier	59075
Billings	59101-59108	Florence	59833	Lolo	59847	Sand Coulee	59472
	59111-59112	Floweree	59440	Loma	59460	Sanders	59076
	59114-59117	Forest Grove	59441	Lonepine	59848	Shawmut	59078
Black Eagle	59414	Forsyth	59327	Loring	59537	Shelby	59474
Bonner	59823	Fort Benton	59442	Malta	59538	Shepherd	59079
Boulder	59632	Fort Harrison	59636	Malmstrom AFB	59402	Sidney	59270
Box Elder	59521	Fort Shaw	59443	Manhattan	59741	Silver Star	59751
Boyd	59013	Frenchtown	59834	Marion	59925	Simms	59477
Bozeman	59715	Fromberg	59029	Martin City	59926	Somers	59932
	59717-59719	Galata	59444	Martinsdale	59053	Springdale	59082
	59771-59773	Gallatin Gateway	59730	Marysville	59640	Stevensville	59870
Brady	59416	Garneill	59445	McLeod	59052	Stockett	59480
Bridger	59014	Garrison	59731	Melville	59055	Stryker	59933
Broadview	59015	Garryowen	59031	Mildred	59341	Sula	59871
Brusett	59318	Geraldine	59446	Miles City	59301	Sun River	59483
Buffalo	59418	Gildford	59525	Milltown	59851	Sunburst	59482
Butte	59701-59703	Glen	59732	Missoula	59801-59804	Superior	59872
	59707	Gold Creek	59733		59806-59808	Terry	59349
	59750	Grantsdale	59835		59812	Thompson Falls	59873
Bynum	59419	Grass Range	59032	Moccasin	59462	Three Forks	59752
Canyon Creek	59633	Great Falls	59401	Molt	59057	Toston	59643
Cardwell	59721		59403-59406	Moore	59464	Townsend	59644
Carter	59420	Greenough	59836	Musselshell	59059	Troy	59935
Cascade	59421	Hall	59837	Neihart	59465	Twin Bridges	59754
Charlo	59824	Hamilton	59840	Noxon	59853	Two Dot	59085
Chester	59522	Hardin	59034	Oilmont	59466	Ulm	59485
Chinook	59523	Harlowton	59036	Outlook	59252	Vaughn	59487
Choteau	59422	Hathaway	59333	Pablo	59855	Victor	59875
Clancy	59634	Havre	59501	Paradise	59856	Warm Springs	59756
Clinton	59825	Helena	59601-59602	Park City	59063	Westby	59275
Clyde Park	59018		59604	Pendroy	59467	West Glacier	59936
Cohagen	59322		59620	Philipsburg	59858	Whitefish	59937
Colstrip	59323		59623-59626	Pinesdale	59841	White Sulphur	59645
Columbia Falls	59912	Heron	59844	Plains	59859	Springs	
Columbus	59019	Highwood	59450	Plentywood	59254	Whitehall	59759
Condon	59826	Hilger	59451	Polaris	59746	Whitetail	59276
Conrad	59425	Hingham	59528	Polebridge	59928	Whitewater	59544
Coram	59913	Hobson	59452	Polson	59860	Wilsall	59086
Corvallis	59828	Hot Springs	59845	Pompeys Pillar	59064	Winston	59647
Crane	59217	Hungry Horse	59919	Power	59468	Wolf Creek	59648
Crow Agency	59022	Huntley	59037	Pray	59065	Worden	59088
Custer	59024	Huson	59846	Proctor	59929	Zurich	59547
Dagmar	59219	Hysham	59038	Pryor	59066		

PEAK HEALTH AREAS

City	Zip Code
Acton	59002
Anaconda	59711
Ballantine	59006
Bearcreek	59007
Belfry	59008
Bighorn	59010
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Boyd	59013
Bridger	59014
Broadview	59015
Busby	59016
Butte	59701
	59702
	59703
	59707
	59750
Cardwell	59721
Colstrip	59323
Crow Agency	59022
Custer	59024
Decker	59025
Deer Lodge	59722
Divide	59727
Edgar	59026
Forsyth	59327
Fromberg	59029
Garrison	59731
Garryowen	59031
Gold Creek	59733
Hardin	59034
Huntley	59037
Hysham	59038
Joliet	59041
Lame Deer	59043
Lavina	59046
Melrose	59743
Ramsay	59748
Rosebud	59347
Rygate	59074
Sanders	59076
Shepherd	59079
Warm Springs	59756
Whitehall	59759
Worden	59088
Wyola	59089
Yellowtail	59035

PARTICIPATING FACILITIES - TRADITIONAL PLAN

Preferred 20% Coinsurance

Anaconda	Community Hospital of Anaconda
Baker	Fallon Medical Complex
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Advanced Care Hospital
	Billings Cataract and Laser Surgicenter
	Billings Clinic Hospital
	Health South Surgery Center
	LaGreca Eye Clinic/Surgicenter
	St. Vincent Healthcare
	Yellowstone Surgery Center
Bozeman	Bozeman Deaconess Hospital
	Rocky Mountain Surgical Center
	Same Day Surgery Center
Butte	St. James Healthcare
	Summit Surgery Center
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Circle	McCone County Health Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Culbertson	Roosevelt Memorial Medical Center
Cut Bank	Northern Rockies Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital and Health Care
Ekalaka	Dahl Memorial Healthcare
Ennis	Madison Valley Hospital
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Frances Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Healthcare
	Central Montana Surgical Hospital
	Great Falls Clinic Surgery Center
	Pacific Cataract and Laser Institute
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital

• Havre	Northern Montana Hospital
• Helena	Helena SurgiCenter
•	Shodair Hospital
•	St. Peter's Hospital
• Jordan	Garfield County Health Center
• Kalispell	Healthcenter Northwest
•	Kalispell Regional Medical Center
•	Orthopedic Surgery Center
• Lewistown	Central Montana Medical Center
• Libby	St. John's Lutheran Hospital
• Livingston	Livingston Healthcare
• Malta	Phillips County Medical Center
• Miles City	Holy Rosary Healthcare
• Missoula	Big Sky Surgery Center
•	Community Medical Center
•	Missoula Bone & Joint Surgery Center
•	Providence Surgery Center
•	St. Patrick Hospital and Health Sciences
• Philipsburg	Granite County Medical Center
• Plains	Clark Fork Valley Hospital
• Plentywood	Sheridan Memorial Hospital
• Polson	St. Joseph Hospital
• Poplar	Poplar Community Hospital
• Red Lodge	Beartooth Hospital and Health Center
• Ronan	St. Luke Community Hospital
• Roundup	Roundup Memorial Hospital
• Scobey	Daniels Memorial Hospital
• Shelby	Marias Medical Center
• Sheridan	Ruby Valley Hospital
• Sidney	Sidney Health Center
• Superior	Mineral Community Hospital
• Terry	Prairie Community CAH
• Townsend	Broadwater Health Center
• Whitefish	North Valley Hospital
• White Sulphur	Mountainview Medical Center
• Springs	
• Wolf Point	Northeast Montana Health Services

Non-preferred 35% Coinsurance

All other 25% Coinsurance

PARTICIPATING HOSPITALS - MANAGED CARE PLANS

BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	Advanced Care Hospital Billings Clinic Hospital St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Memorial Hospital
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Hospital St. Peter's Hospital
Kalispell	Healthcenter Northwest Kalispell Regional Medical Center
Livingston	Livingston Memorial Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center St. Patrick Hospital
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital and Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur	Mountainview Medical Center
Springs	
Whitefish	North Valley Hospital

PEAK HEALTH

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Healthcare
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center

NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Memorial
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Hospital St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center St. Patrick Hospital
Phillipsburg	Granite County Medical Center Hospital
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Healthcare
Shelby	Marias Medical Center
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
White Sulphur	Mountainview Medical Center
Springs	
Whitefish	North Valley Hospital